Great Eastern Life Field Force And Agents Association, Malaysia (1980)
A-3A-6, Level 6, Menara Uncang Emas, 85, Jalan Loke Yew, 55200 Kuala Lumpur, Malaysia
Tel : 603 - 9200 6300 Fax : 603-9200 6400
E-mail : gelfaam@gelfaam.com Website : www.gelfaam.com

MEMBERSHIP APPLICATION FORM

TO : The Secretary General of GELFAAM

(For Office Use Only) **Membership No:**

MY PERSONAL PARTICULARS

FULL NAME AS IN I/C (IN BLOCK LETTER)

MY AGENCY A/C NUMBER - **DATE JOINED COMPANY** (D D M M Y Y)

MY PRESENT AGENCY RANK ☐ **AGT/FTA** ☐ **CA** ☐ **LIA** ☐ **USM/UM** ☐ **GSM/GM**

SEX ☐ **MALE** ☐ **FEMALE**

DATE OF BIRTH (D D M M Y Y)

NATIONALITY

NEW I/C NUMBER - -

OLD I/C NUMBER

MARITAL STATUS
☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOW ☐ WIDOWER

RACE
☐ MALAY ☐ CHINESE ☐ INDIAN ☐ OTHER _____

RELIGION
☐ ISLAM ☐ BUDDHISM ☐ HINDUISM ☐ CHRISTIANITY ☐ OTHER _____

MEDIUM OF COMMUNICATION PREFERRED
☐ B.M'SIA ☐ MANDARIN ☐ TAMIL ☐ ENGLISH ☐ CANTONESE

EDUCATIONAL LEVEL ATTAINED
☐ PRIMARY ☐ SRP/LCE ☐ SPM/MCE ☐ STPM/HSC ☐ COLLEGE ☐ UNIVERSITY

MY CONTACT PARTICULARS

RESIDENCE ADDRESS

TOWN/CITY

POSTCODE **STATE**

OFFICE ADDRESS

TOWN/CITY

POSTCODE **STATE**

PREFERRED MAILING ADDRESS ☐ RESIDENCE ☐ OFFICE

TELEPHONE (Please provide at least 1 H/P No.)

RESIDENCE - OFFICE -

H/P 1 - H/P 2 -

FAX

RESIDENCE - OFFICE -

E-MAIL (Compulsory)

MY AGENCY GROUP PARTICULARS

MY IMMEDIATE OFFICER

HIS/HER ACCOUNT NO - **HIS/HER RANK** **USM/UM** **GSM/GM**

MY GSM

HIS/HER ACCOUNT NO -

INTRODUCER (Existing Member)

HIS/HER ACCOUNT NO - **SIGNATURE**

MY PREFERRED GELFAAM BRANCH

Please Choose (1) Branch

ALOR SETAR	KLANG	KUANTAN	MENTAKAB	SEGAMAT
BATU PAHAT	KOTA BHARU	KUCHING	MIRI	SEREMBAN
BINTULU	KOTA KINABALU	LAHAD DATU	PENANG	SIBU
IPOH	KUALA LUMPUR	MELAKA	SANDAKAN	TAWAU
JOHOR BAHRU				

MY DECLARATION AND SIGNATURE

I hereby warrant that all information given above is true and complete ; and I authorise the Association to verify the information from whatever sources - including Great Eastern Life Assurance (Malaysia) Berhad & Great Eastern Takaful Berhad- by whatever means the Association considers appropriate. If my application to become a Member is approved, I agree to abide by the Constitution of the Association, the Rules made thereunder, and to all Rules and regulations that are promulgated from time to time respect to the operation and function of the Association's activities. I understand that the Association reserves the right to decline an application with valid reason. I agree that any material omission of information known or ought to be known by me or the inclusion of any information that is false will be considered as sufficient reason for the rejection of this application or, subsequently, for an expulsion from membership.

*I further declare that ' I have never been a Member of the Association before/I was previously a Member of the Association ***

I hereby authorise GELFAAM to arrange to deduct and to receive from Great Eastern Life Assurance (Malaysia) Berhad / Great Eastern Takaful Berhad all dues relating to my membership in the Association.

Yours faithfully,

Signature of Member

Name :

Date :

***(Please delete as appropriate)*

MEMBERSHIP DUES

RANK	1st Year			2nd Year		3rd Year Onwards
	*Registration Fee	*Legal Fund	**Annual Subscription	*Legal Fund	Annual Subscription	Annual Subscription
AGENT	RM5	-	RM5	RM10	RM5	RM25
CA/LIA	RM5	RM10	RM40	-	RM40	RM40
USM	RM5	RM20	RM75	-	RM75	RM75
GSM	RM5	RM20	RM100	-	RM100	RM100

***** Registration Fee and Legal Fund are One Time Payment Only

**** 1st Year Annual Subscription** is **reduced by 50%** if application for membership is received between **1st July to 31st December**

FOR OFFICE USE ONLY

Date Received :

Approved / rejected at the Executive Council Meeting

on _____ (Date) at _____ (Venue)

Attested by President / Secretary General

_____ (Name) _____ (Signature)

SMS Notification on form received

Membership No : _____ Data Entry Date : _____

Effective Date : _____ Letter to Member on : _____