

IMPORTANT: Please answer the following questions regarding your / your company's GST registration status in order for us to comply with the requirements of the Goods & Services Tax Act 2014.

INSURED'S DETAILS

Insured Name / Company Name

Address

Street Address 1

Street Address 2

Postcode

Town / City

Contact Details

Office Phone Number

Facsimile

For office use:

Policy No. :

Period of insurance:

Billing account / code:

New

Renewal

Others:

State

GST REGISTRATION DETAILS

1. Are you / Is your company GST registered?

Yes, please give details.

GST registration no.:

Company registration no.:

GST registration effective date:

*** Please enclose a copy of your GST registration approval from Royal Malaysian Customs Department (RMCD).**

No.

2. If you have answered "Yes" to question 1, please answer the questions below:

i)	Are you a GST registered sole proprietorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii)	If you are a GST registered sole proprietorship, are you purchasing this policy for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii)	Are you entitled to claim Input Tax Credit (ITC) on the risk (insured item)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv)	Is this policy purchased for Medical or Personal Accident Insurance, or any other policies of similar nature? eg. Workmen Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. If you have answered "Yes" to question 2 (iv), please answer the questions below:

i)	Please let us know if you are entitled to claim ITC on the premium for your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii)	Is the Insurance purchased in compliance with any of the following Act(s) / Collective Agreement? <input type="checkbox"/> Collective Agreement under Industrial Relations Act 1967 <input type="checkbox"/> Employees' Social Security Act 1969 <input type="checkbox"/> Workmen's Compensation Act 1952 <input type="checkbox"/> No. Purchase of the insurance is not due to any of the above Act(s) / Collective Agreement.		

CONFIRMATION

I / we hereby confirm that the information provided above is true and correct.

Signature:		Company Stamp:	
<input type="text"/>		<input type="text"/>	
Name:	<input type="text"/>		
Designation:	<input type="text"/>	Date:	<input type="text"/>