CERTIFYING LETTER

This certifying letter is part of your application and is to be submitted with your online application on or before **31 July 2025**. ALL APPLICATIONS ARE SUBJECT TO PRODUCTION VERIFICATION.

*All three sections below must be completed before submission.

*SECTION A – APPLICANT'S ACHIEVEMENT

ASIAN QUALITY BUSINESS (AQB) PROFESSIONAL AWARD	13-Month Persistency Rate (%)	No. of New Policies	Total First Year Sum Assured
Qualifying Period	1st Jan 2024 – 31st Jan 2025	1st Jan 2024 – 31st Dec 2024	1st Jan 2024 – 31st Dec 2025
Group Category			
Personal Category			

ASIAN QUALITY BUSINESS (AQB) MASTER AWARD	25-Month Persistency Rate (%)
Qualifying Period	1st Jan 2023 – 31st Jan 2025
Group Category	
Personal Category	

*SECTION B – APPLICANT'S DETAILS

This is to certify that the applicant below is entitled to the requirements indicated, calculated in accordance with AQBA procedures.

Full name		NRIC / Passport No	
Agency Name		Email Address	
Company Name		Mobile Number	

Award(s) Application:

	Category	Award	13-month PR (%)	Other Criteria	Tick (√)
Professional Award	Group Category	Sapphire	90.0 – 94.9	No. of new policy - 350 Total Sum Assured - MYR 16,450,000	
		Emerald	95.0 and above		
	Personal Category	Sapphire	90.0 – 94.9	No. of new policy - 35 Total Sum Assured - MYR 1,645,000	
		Emerald	95.0 and above		

	Category	Award	25-month PR (%)	Tick (√)
Master Award	Group Category	Ruby	80.0 - 84.9	
		Diamond	85.0 – 99.9	
		Red Diamond	100	
	Personal Category	Ruby	80.0 - 84.9	
		Diamond	85.0 – 99.9	
		Red Diamond	100	

Asian Institute of Insurance 197701004772 (35445-H)
(Formerly known as Malaysian Insurance Institute)
Level 6, Bangunan AICB, No. 10 Jalan Dato' Onn, 50480 Kuala Lumpur, Malaysia
Tel: +603 2712 8882 Email: customercare@aiiasia.org Web: www.aiiasia.org

*SECTION C - CERTIFICATION

The undersigned affirms the above AQBA Persistency Ratio, cases and sum assured are true and correct to the best of his/her knowledge and belief. Certifying officer should be at least Head / Manager of the Department.

_____

Authorized Signature & Company Stamp Chop

Date   : _____

Certified by (Name)   : _____

Designation   : _____