



WEB USER ID REQUEST/CHANGE FORM FOR BROKER

PART A. INFORMATION OF BROKER

Broker Code : _____ (filled by AIAF)

Broker Name : _____

Requested By : _____

Phone No. : _____

(Note: User ID and Password confirmation letters will be sent directly to the corresponding contact person in PT. AIA FINANCIAL's record.)

Email Address : _____

(Maximum length of the email address is 40 characters)

Should there be any changes on the above information, Broker is obliged to inform PT. AIA FINANCIAL - Employee Benefits in writing.

PART B. SET UP/CHANGE OF USER ID PROFILE

Effective Date : _____ (yyyy/mm/dd)

Note: Please reserve at least 5 working days for processing.

					For AIAF Use Only
Action (A = Add C = Change D = Delete F = Forgot User ID	Name and Email Address	Proposed/Existing User ID* (6-20 characters, alpha or numeric) An additional numeric number may be added at the end of your proposed User ID if your proposed ID is same as other registered users.)	Access Policy No. (Please list out specific policy number for each of the User ID, or leave it blank to access all policies.)	Preferred Date Format (Please select one of the following: A=mm/dd/yyyy B=dd/mm/yyyy	User ID and Processed Date
	Name : Email :				
	Name : Email :				
	Name : Email :				

Remarks: *Please specify if restricted function(s) is required for specific user(s):
 User ID _____ Functions (please specify: policy & member enrolment record, claims, billing, commission).

If no specification, all User ID will be granted with full access to all available functions on web.



PT. AIA FINANCIAL – Employee Benefits
Menara Palma 21st floor
Jl. HR. Rasuna Said Blok X2 Kav. 6
Jakarta Selatan 12950
T: (021) 2994 8900 F: (021) 5795 7434
Email address: id.cb.admin@aia.com

PART C. DECLARATION

1. On behalf of the Broker, its clients and their eligible employees, I have read and hereby agree to be bound by all of the Terms and Conditions set out in the PT. AIA FINANCIAL website (as maybe amended from time to time).
2. On behalf of the Broker, its clients and their eligible employees, I understand and agree that the acceptance of application will be subject to PT. AIA FINANCIAL – Employee Benefits’ approval.

In the event of any conflict or ambiguity between the Bahasa Indonesia and the English versions of this application, the Bahasa Indonesia version shall prevail.

Authorized Signature and Company Stamp

Date: yyyy/mm/dd

Name :

Position :

Identity No. :
(Please attach the copy)

Identity Type : KTP / SIM / Passport / Others: