

Important Notices:

- Supervisor to complete the **Roadshow Application Form** and submit to <u>pias.bda@singlife.com</u> and respective BDMS_at least <u>15 days</u> prior to the commencement date of the Roadshow(s). Exceptions are to be handled on a case-by-case basis.
- Refer Events Marketing Handbook for FARs for application procedures.
- Roadshows conducted without PIAS approval amounts to unauthorizes public prospecting.
- If for any reasons the roadshow is cancelled, please inform PIAS at pias.bda@singlife.com.

SECTION 1: DETAILS OF EVENT APPLICANT(S)										
Supervisor Name / PIAS code:				Branch/Group Name:						
Contact No.				Alteri	nate Co	ntact No.				
SECTION 2: SUMM	ARY OF E	VENT								
Featured Product Provider(s)										
Product Category				ife	☐ General		□ CIS	□ Ot	□ Others:	
point-of-sales documents	AS Financial Planner and the applicable s documents is mandatory for all closed ng Life/CIS/A&H products at Roadshows		Insu	irance	Insura	ince				
Start of Roadshow	Date:		·			Time:				
End of Roadshow	Date:	te:				Time:				
SECTION 3: LOCA	TION ASSE	SSMEN	Γ							
Address of Location										
Specific location & Name of Event										
Questions: Provide floorplans, maps De & pictures to support respond.		etails							Yes/No/NA	
Does Roadshow booked fit the amount of Tables & chair place at location according to guideline			Measurem	ent of Bo	oth & Nui	nber of Tai	bles/	chairs]		
Number of PIAS Corporate banners/Booth										
Roadshow under shelter area?										
Roadshow under an individual cubicle?										



She	elter area permanent?							
Questions: Provide floorplans, maps & pictures to support respond.			ls			Yes/No	o/NA	
With the Roadshow is there still sufficient space for public to walk around right without obstruction?								
	there privacy for prospect basedshow booth location?	e on the						
con	es neighboring stall make the ducive environment for sales? ure of stalls around.							
Ro	adshow Guide							
	Roadshow Booth size	Max Tab	ole	Max Chairs	Pull-Up Banners			
	2m X 1.5m (3 sqm)	2		4-6	1			
	3m X 3m (9 sqm)	3		9	1-2			
	7m X 3m (21 sqm)	12		36	2-4			
	6m X 6m (36 sqm)	15		45	4-5			
	9m X 9m (81 sqm)	20		60	4-5			
SE	CTION 4: INCENTIVES &	GIFTS						
Incentive offered via tie-ups with Corporate or Retailer			te	□ Yes				□ No/NA
Incentives Offered to Clients				☐ Yes, please s	pecify details of Mecha	nics		□ No
a) For regular premium policies/ investments, the cost of incentives should not be more than 10% of the first year annual premium/ annual invested amount;								
b) For single premium policies/ investments, the cost of incentives offered should not be more than 1% of the single premium/ lump sum invested amount;								
c) No incentive is to be given for products that is paid from Client's CPF funds (including Medisave) or combined with Cash payment;								



d)	Incentives offered by PIAS, Branch and Product/Service Providers in aggregate cannot exceed the amount stipulated under sub-paragraphs (a) and (b); and		
e)	Should the Product/Service Providers introduce new customer incentives, Representatives must ensure that subparagraph (d) is adhered to. In the event that the aggregate value of the incentives exceeds the cap stipulated in subparagraph (d), Representatives must withdraw the Branch incentives offered to clients.		
Gif	ts Offered to <u>Prospects</u>	☐ Yes, please specify details of Mechanics	□ No
(a)	The value of the gift should be less than S\$10;		
(b)	The gift must not be given in the form of cash, vouchers, or gift cards; and		
(c)	No gift is to be given for recommending products that is to be paid from Client's CPF funds (including Medisave) or combined with Cash payment.		
Sec	ction 5: PULLER(S)		
	gagement of Puller(s)	□Yes	□ No
	. ,	☐ Yes ☐ Number of Pullers	□No
Enç	. ,		□ No □ Corporate (Provide a copy of the Agreement)
Eng	gagement of Puller(s)	□ Number of Pullers	Corporate (Provide a copy of the
Typ See	pagement of Puller(s) De Of Puller(s) Arrangement	□ Number of Pullers	Corporate (Provide a copy of the
Typ See	pagement of Puller(s) De Of Puller(s) Arrangement Section 6: Marketing Material you using your own branch/Group	□ Number of Pullers	Corporate (Provide a copy of the
Typ See	pagement of Puller(s) De Of Puller(s) Arrangement Section 6: Marketing Material you using your own branch/Group	□ Number of Pullers □ Individual □ No □ Yes	Corporate (Provide a copy of the Agreement)
Typ See	pagement of Puller(s) De Of Puller(s) Arrangement Section 6: Marketing Material you using your own branch/Group	□ Number of Pullers	Corporate (Provide a copy of the Agreement)
Typ See	pagement of Puller(s) De Of Puller(s) Arrangement Section 6: Marketing Material you using your own branch/Group	□ Number of Pullers □ Individual □ No □ Yes	Corporate (Provide a copy of the Agreement)



Section 7. Names Of Participating Duty Officer (DO)

	ACKNOWLEDGEMENT AND DECLARATION (To be Ticked off by Director)					
□ Th	☐ The Duty Officer(s) have been appointed by the Branch/Group Director for the Activity					
□ A	□ Appointed Duty Officer attended the Duty Officer Training					
	uty Officer is aware of their Role	s and Resp	onsibilities at the Eve	ent		
□ R	oadshow: Manpower Ratio - 1 I	OO for ever	y 10 Participating FA	R		
S/N	Name of FARs	FAR Code	Start Date / Time	End Date / Time	Signature	
DO1						
DO2						
DO3						
DO4						
DO5						

Section 8. Names Of Participating FARs

DO	Name of FARs	FAR Code	Start Date / Time	End Date / Time
DO1				
DO2				



DO3		
DO3		
DO4		
DO4		

A Supervisor's' assessment of the participating DO and FARs should be based on the following criteria:

- FAR's balanced scorecard (BSC) grade;
- b) Any substantiated complaint(s) filed against the FARs previously;
- Any disciplinary action(s) taken against the FARs previously; and
 Any other relevant information gathered from the Company's due diligence conducted on the FARs, for example past results from mystery shopping / site visits / post-event surveys



Sup	Supervisor's Remark(s), if any					
	Section 9. ACI	KNOWLEDGEMENT AND DE	CLARATION			
	I have read, understood, agree to all the guidelines prescribed in PIAS Event & Marketing Handbook for FARs, particularly, on public events.					
	I understand and acknowledge that PIAS shall have the discretion to appoint a Mystery Shopper to attend the above-mentioned roadshow event, to determine the extent and frequency of checks to be conducted by the Mystery Shopper.					
	I have assessed that all participating Duty Officer(s) ["DOs"] and FARs in the Roadshow have good compliance record before participating in the abovementioned event. The participating Duty Officer(s) and FARs have also read and understood all the guidelines prescribed in PIAS Event & Marketing Handbook for FARs.					
	I declare that all DOs and FARs for the Roadshow event have completed all relevant trainings and will abide by the rules covered in the training.					
	I declare that all the information provided in this form is true and accurate. I understand that any false and/or misleading information provided in this form may result in disciplinary actions taken by PIAS in accordance to the Section 11 of PIAS Event & Marketing Handbook for FARs.					
Sup	pervisor's Signature	Supervisor's Name	 Date			
Director's Signature Director's Name Date						



Section 10. F	Section 10. FOR OFFICIAL USE ONLY			
☐ Approve	□ Reject			
Remarks				
Name		Signature of Approver		