

INSURANCE AUTHORITY (IA)

Continuing Professional Development (CPD) Declaration Form

(specified under the Guideline on Continuing Professional Development for Licensed Insurance Intermediaries ([GL24](#)))

CPD Assessment Period: 1 August 2024 – 31 July 2025

Reporting Deadline: 30 September 2025

*** Please see Completion Instructions and Reporting Procedures on Page 6 ***

A. PARTICULARS OF LICENSED INSURANCE INTERMEDIARY

1. Name in English*:

2. Name in Chinese* (if any):

3. IA Licence Number:

4. Mobile Number:

5. Email Address:

* Full name as shown on HKID card or passport.

B. APPOINTING PRINCIPAL WHO IS REPORTING MY CPD COMPLIANCE TO THE IA

(If you have more than one appointing principal, please select one of them to report your CPD compliance to the IA. See Paragraph 1.A(2) or 1.C(2) on Page 6. Please state “N/A” if you are not appointed by any principals.)

Name of Appointing Principal:

C. CPD HOURS REQUIRED DURING THE CPD ASSESSMENT PERIOD

	Number of CPD hours Required
Total ¹	
Ethics or Regulations hours (compulsory)	

Have you fulfilled the CPD requirements stipulated in Part C above on or before the end of the Assessment Period (i.e. 31 July 2025)?

(Please put a “✓” in the appropriate box. If your answer is ‘no’, please indicate the shortfall of CPD hours and fill in Part D)

Yes ☐

Note: CPD hours used for rectifying the shortfall CPD hours of the previous Assessment Period **must not** be counted towards the CPD hours earned for fulfilling the CPD requirement of the current Assessment Period.

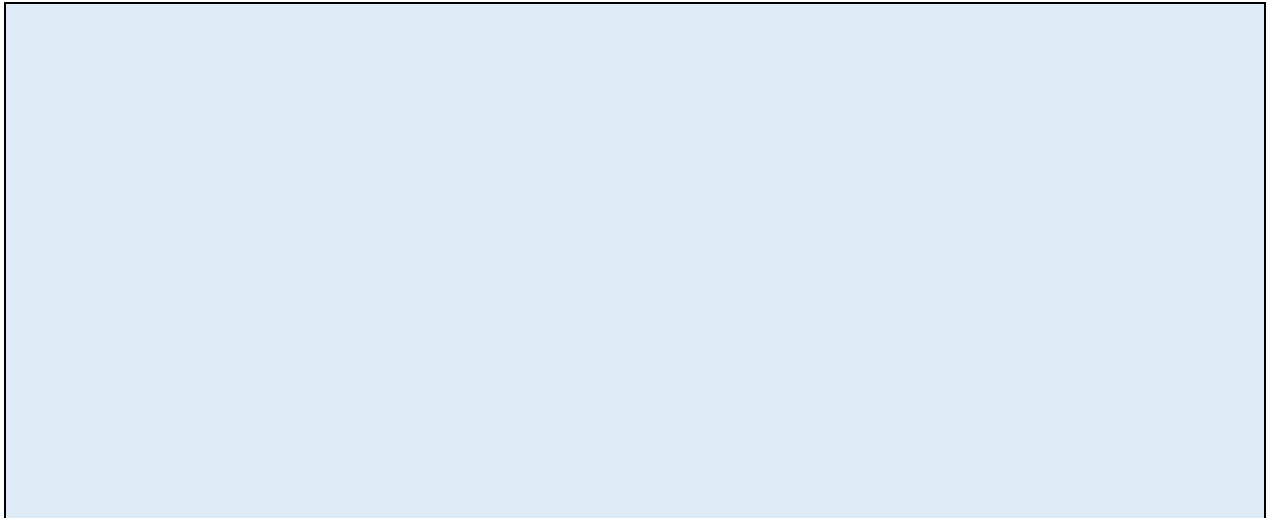
No ☐ Total Shortfall²:

¹ This is the total number of CPD hours you are required to earn during the CPD Assessment Period, which includes the compulsory CPD hours required on “Ethics or Regulations”. If you are in doubt, please consult your appointing principal(s). The IA provides all principals with a list indicating the number of CPD hours required for each individual licensee they appoint for reference.

² This is the total number of CPD hours, including the CPD hours on “Ethics or Regulations” (if any), that you are required to have earned (but not yet earned) during the CPD Assessment Period in order to be CPD-compliant.

D. SHORTFALL OF CPD HOURS (IF ANY)

If you were unable to earn all the required number of CPD hours (including the CPD hours required on "Ethics or Regulations"(if any)) during the CPD Assessment Period, please explain why you were unable to do so and what action(s) you propose to take in order to become CPD-compliant.


E. DECLARATION:

I hereby declare and confirm that:

1. All the information provided in this CPD Declaration Form is **COMPLETE, TRUE AND CORRECT**.
2. I understand the information provided in this CPD Declaration Form will be used by the Insurance Authority ("IA") in its continued assessment of my fitness and properness as a licensed insurance intermediary.
3. I understand the information in this CPD Declaration Form will be referred to and considered by the IA when considering any insurance intermediary licence application or renewal thereof in respect of me under the Insurance Ordinance (Cap. 41).
4. I have read, understood and complied with the CPD requirements specified in [GL24](#) and the attached "Completion Instruction and Reporting Procedures".
5. I understand that only CPD hours earned through the participation in the Qualified CPD Activities as defined in [GL24](#) during the CPD Assessment Period AND not used for rectifying the shortfall CPD hours of the previous Assessment Period, can count towards the CPD hours required in Part C above.
6. I have read, understood and agree to the attached Personal Information Collection Statement ("PICS").
7. I give consent to all the principals who have (or had) appointed me to act as its licensed insurance intermediary and all providers of Qualified CPD Activities as defined in [GL24](#) to disclose, transfer and/or release to the IA any personal data belonging to me, including but not limited to, details of the course(s) I attended to earn CPD hour(s).
8. I understand the IA may take disciplinary actions against me if I have failed to comply with any CPD requirements as specified by the IA and/or I have made any false declaration in this CPD Declaration Form.
9. I understand I am required to retain sufficient documentary evidence in support of my attendance or completion of all the CPD hours stated on this CPD Declaration Form for a minimum of 3 years after the end of the CPD Assessment Period and to produce such

documentary evidence to my appointing principal who is responsible for reporting my CPD compliance or to the IA upon request.

10. I undertake to provide a copy of this CPD Declaration Form to each of my appointing principals (only applicable for Licensed Individual Insurance Agents and Licensed Technical Representatives (Broker) who have more than one appointing principal):

Please state the names of all your appointing principal(s) other than the one responsible for reporting your CPD compliance to the IA:

Warning:

Making a false declaration or failing to comply with the CPD requirements under [GL24](#) may adversely affect the IA's view of the continued fitness and properness of the person. Non-compliance with [GL24](#) may also be prejudicial to the interests of policy holders, potential policy holders or the general public, which may result in disciplinary actions to be taken by the IA against that person.

Signature: (to be signed by the Licensed Insurance Intermediary reporting CPD compliance)	
Name of Licensed Insurance Intermediary:	
Date of Signature:	

Personal Information Collection Statement (“PICS”)

This PICS is made by the Insurance Authority (“IA”) to comply with the notification requirements of the Personal Data (Privacy) Ordinance (Cap. 486) (the “PDPO”). You are advised to read it carefully as it sets out the policies and practices of the IA with regard to your personal data (as defined in the PDPO), the purposes for which the IA may collect and use your personal data and the persons to whom your personal data may be transferred.

Purpose of Collection

The personal data provided in (and in support of) this CPD Declaration Form may be used and held by the IA for one or more of the following purposes:

- (a) to administer and/or enforce the provisions of any relevant ordinances (including the Insurance Ordinance (Cap. 41) (the “Ordinance”)) and any regulations, rules, codes, guidelines and circulars made or promulgated pursuant to the powers vested in the IA as in force at the relevant time and to carry out its functions as a regulator of the insurance industry, including:
 - (i) to process any application(s) you may make to or received by the IA under the Ordinance;
 - (ii) to assess your fitness and properness in relation to any of your application(s) for licensing or approval (as the case may be) under the Ordinance;
 - (iii) to monitor your fitness and properness and your status to remain licensed or approved (as the case may be) under the Ordinance;
 - (iv) to consider any application(s) under the Ordinance where you may otherwise have a connection;
 - (v) to display and publish personal data on the public registers maintained under the Ordinance (where applicable);
 - (vi) to investigate complaints and handle enquiries;
 - (vii) to conduct legal proceedings, inspection, investigation, and taking enforcement or disciplinary actions;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical and research purposes; and/or
- (d) any other purposes as permitted by the laws of Hong Kong.

You are obliged to supply the requested personal data in response to any request from the IA in exercising its powers or carrying out its functions (including processing your application(s)). Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions and may affect the IA’s assessment of your fitness and properness under the Ordinance.

Transfer/Matching of Personal Data

In performing the IA’s functions under the relevant laws and regulations, your personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institutions/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), providers of any Qualified CPD Activities as defined in GL24, the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other regulators or regulatory/government/judicial bodies as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and such regulators/bodies (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may also be used by the IA and/or disclosed or transferred by the IA to the parties listed above for the purposes of comparing, verifying and/or carrying out a matching procedure³ of those data.

³ “Matching procedures” is defined in section 2 of the PDPO.

Public Registers

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

Access to Personal Data

Under the PDPO, you have the right to request access to and/or for correction of your personal data held by the IA. Please complete a "Data Access Request Form" (which is available on the IA's website) and send it by post to the Data Privacy Officer of the IA at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong for processing of your request. The IA has the right to charge a reasonable fee for processing any such request.

Enquiries

Any enquiries regarding the personal data collected, used or transferred by the IA, or requests for access to and/or correction of, your personal data held by the IA should be made in writing to:

The Data Privacy Officer
Insurance Authority
19/F, 41 Heung Yip Road
Wong Chuk Hang
Hong Kong

A copy of the IA's Privacy Policy is made available on the IA's website.

COMPLETION INSTRUCTIONS AND REPORTING PROCEDURES:

1. You should **either** report your CPD compliance directly to the IA via [the Insurance Intermediaries Connect](#) **or** complete the CPD Declaration Form and submit it to your appointing principals no later than 2 months after the expiration of the relevant Assessment Period (i.e. **by 30 September**) in the following manner:

A. LICENSED INDIVIDUAL INSURANCE AGENTS

- (1) If you have **only one appointing authorized insurer**, you are required to submit the duly completed CPD Declaration Form to your appointing authorized insurer.
- (2) If you have **more than one appointing authorized insurer**, you must:
 - (a) elect one of your appointing authorized insurers to be responsible for reporting your CPD compliance to the IA, and submit the duly completed CPD Declaration Form to that appointing authorized insurer; and
 - (b) notify all other appointing authorized insurer(s) of your election (or any change in your election) and submit to each of them a copy of the duly completed CPD Declaration Form.

B. LICENSED TECHNICAL REPRESENTATIVES (AGENT)

You are required to submit the duly completed CPD Declaration Form to your appointing licensed insurance agency.

C. LICENSED TECHNICAL REPRESENTATIVES (BROKER)

- (1) If you have **only one appointing licensed insurance broker company**, you are required to submit the duly completed CPD Declaration Form to your appointing licensed insurance broker company.
- (2) If you have **more than one appointing licensed insurance broker company**, you must:
 - (a) elect one of your appointing licensed insurance broker companies to be responsible for reporting your CPD compliance to the IA, and submit the duly completed CPD Declaration Form to that appointing licensed insurance broker company; and
 - (b) notify all other appointing licensed insurance broker company/companies of your election (or any change in your election), and submit to each of them a copy of the duly completed CPD Declaration Form.

D. INDIVIDUAL LICENSEES WHOSE LICENCE IS UNDER SUSPENSION:

If your licence is under suspension as of the end of an assessment period (i.e. **31 July**) (for the reason that you are not appointed by any appointing principals, you are required to report your CPD compliance directly to the IA by **30 September** via [the Insurance Intermediaries Connect](#) **or** email the duly completed CPD Declaration Form to cpdreporting@ia.org.hk (this email address starts accepting submissions from 1 August following the end of an assessment period).

2. You are required to retain sufficient documentary evidence in support of your attendance or completion of all the Qualified CPD Activities in respect of the CPD hours reported on this CPD Declaration Form for a minimum of 3 years after the end of the CPD Assessment Period, and produce such evidence to the appointing principal responsible for reporting your CPD compliance or the IA upon request.