

Request for Licence Revocation by Licensed Insurance Intermediary
持牌保險中介人撤銷牌照要求

Please complete all items in BLOCK LETTERS. All amendments must be signed by the insurance intermediary.
請以正楷填寫所有項目。所有修改均須由保險中介人簽署確認。

Name of Licensed Insurance Intermediary 持牌保險中介人姓名	
HKID no. (Prefix and first 4 digits only) 身分證號碼 (字母及首 4 位數字)	
Licence no. 牌照號碼	
Reason(s) for the revocation 撤銷牌照的原因	<input type="checkbox"/> To apply for another type of intermediary licence 申請其他類別的中介人牌照 <input type="checkbox"/> To cease insurance intermediary business 不再從事保險中介業務 <input type="checkbox"/> Others, please specify: 其他，請說明： _____

I (with personal particulars as stipulated above) hereby request the Insurance Authority to revoke my insurance intermediary licence under section 64ZQ of the Insurance Ordinance (Cap. 41) with immediate effect.

本人（其個人資料如上所述）謹此要求保險業監管局根據《保險業條例》（第 41 章）第 64ZQ 條規定，即時撤銷本人之保險中介人牌照。

Signature of Licensed Insurance Intermediary
持牌保險中介人簽名

Date
日期