

## Application for Insurance Broker Company Licence

For Official Use				
O	D	N	1 <sup>st</sup> Review	
C	S	F	2 <sup>nd</sup> Review	
			Approved	

Please complete all items in BLOCK LETTERS. All amendments must be signed by Applicant.

### I. Particulars of Applicant

<b>Name in English</b>				
<b>Name in Chinese (if any)</b>				
<b>Former/Other Name(s) in English (if any)</b>				
<b>Former/Other Name(s) in Chinese (if any)</b>				
<b>Company Registration No.</b>		<b>Business Registration No.</b>		<b>Financial Year End (DD/MM)</b>
<b>Place of Incorporation</b>	<i>Please provide a copy of Certificate of Incorporation. For non-HK Company, please also provide a copy of Certificate of Registration.</i>			
<b>Date of Incorporation (DD/MM/YY)</b>		<b>For non-HK Company only Date of Registration (DD/MM/YY)</b>		
<b>Address of Registered Office/Principal Place of Business in HK</b>				
<b>Other Business Address(es) in HK</b> <i>(If there is not enough space, please provide the required information in a separate sheet.)</i>	<i>Please state "Nil" if you carry on business in the above registered office or place of business only.</i>			
<b>Telephone No.</b>		<b>Fax No. (if any)</b>		
<b>Email Address</b>		<b>Website Address (if any)</b>		

**II. Other Business of Applicant**

(If there is not enough space, please provide the required information in a separate sheet.)

† Are you carrying on any business?		
<input type="checkbox"/> Yes (If yes, please provide the following information on your major business. For an overseas company, please also provide information on the business carried on in your home country and other branches.)		
Nature of Major Business		
Year of Commencement of Business		
Brief Description of Business		
<input type="checkbox"/> No		

**III. Licence(s) Granted by Financial Regulator(s)**

1. † Have you ever been registered with the Mandatory Provident Fund Schemes Authority (“MPFA”)?
<input type="checkbox"/> Yes (If Yes, please provide your MPF registration no.: _____) <input type="checkbox"/> No
2. † Have you ever been licensed by the Securities and Futures Commission (“SFC”)?
<input type="checkbox"/> Yes (If Yes, please provide your SFC licence no.: _____) <input type="checkbox"/> No
3. † Have you ever been registered with the Hong Kong Monetary Authority (“HKMA”)?
<input type="checkbox"/> Yes (If Yes, please provide your HKMA registration no.: _____) <input type="checkbox"/> No
4. † Have you ever been licensed by or registered with other financial regulators, or self-regulatory organizations for insurance intermediaries in or outside Hong Kong (including Insurance Agents Registration Board, The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association)?
<input type="checkbox"/> Yes (If Yes, please provide the name of the regulatory body/organization and registration no.)
Name: _____ (Registration No.: _____)
<input type="checkbox"/> No

**IV. Proposed Line of Business**

† Please select the line of business you propose to carry on.

<input type="checkbox"/> General	<input type="checkbox"/> General and Long Term excluding Linked Long Term
<input type="checkbox"/> Long Term excluding Linked Long Term	<input type="checkbox"/> General and Long Term including Linked Long Term
<input type="checkbox"/> Long Term including Linked Long Term	



**V. Proposed Responsible Officer(s)**

Please list your proposed Responsible Officer(s) in the table below and submit **Form A3 - Application for Responsible Officer** for each proposed Responsible Officer.

Name of Proposed Responsible Officer	† Is the proposed Responsible Officer a licensed insurance intermediary?
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No

**VI. Directors and Controllers**

Please list your directors and controllers in the table below and submit **Form S5/S6 – Information on Director/Controller (Individual)/(Body Corporate)** (as applicable) for each director and controller. (If there is not enough space, please provide the required information in a separate sheet.)

Name of Director/Controller	Capacity (Director/Shareholder Controller) <i>(For shareholder controller, please show shareholding in brackets.)</i>

**VII. Capital and Net Assets**

† Do you have audited financial statements for the Last Financial Year End?	<input type="checkbox"/> Yes <i>(If Yes, please provide the following information based on your latest financial statements and a copy of the statements.)</i> <input type="checkbox"/> No <i>(If No, please state your paid-up share capital below and provide a share capital audit certificate and state "N/A" for Net Assets.)</i>		
<b>Paid-up Share Capital</b>		<b>Net Assets</b>	



**VIII. Professional Indemnity Insurance**

Information based on an insurance quotation is acceptable. Please provide a copy of the quotation for reference.

<b>Name of Insurer</b>			
<b>Amount of Indemnity Limit</b>		<b>Deductible Amount</b>	

**IX. Client Account**

† Have you opened a client account with an authorized institution?

Yes (If Yes, please provide the name of authorized institution and client account.)

**Name of Authorized Institution:** \_\_\_\_\_

**Name of Client Account:** \_\_\_\_\_

No (If No, please provide the reason.)

Reason: \_\_\_\_\_

\_\_\_\_\_

**X. Character, Financial Status, Disciplinary Action & Investigation**

† If you answer “Yes” to any of the following questions, please provide details of the relevant case/matter on a separate document (i.e. date of event, description of the case/matter, your role or involvement in the case/matter, outcome or current status of the case/matter) with relevant supporting document(s).

1. Have you ever failed to comply with any requirements in relation to the carrying on of regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been refused or restricted from the right to carry on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) a controller, director or partner of another business entity <sup>#</sup> in Hong Kong or elsewhere; and if so	
(b) whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	
6. Have you ever been a controller, director or partner of another business entity in Hong Kong or elsewhere <sup>#</sup> , which,	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) with the consent or connivance of, or because of the neglect or omission by you, failed to comply with any requirements under any laws, or any rules, regulations, codes or guidelines made or issued under any laws, or any other regulatory requirements; or has been convicted of a criminal offence <sup>1</sup> (except for a minor offence) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges <sup>1</sup> (except for a minor offence) in Hong Kong or elsewhere; or	
(b) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	
7. Have you ever been subject to receivership, administration, liquidation or other similar proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever entered into a scheme of arrangement with your creditors or failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>#</sup> *Business entity means a sole proprietorship, a partnership or a company.*

<sup>1</sup> Section 2(1) and (1A) of the Rehabilitation of Offenders Ordinance (Cap. 297) (“ROO”) provides the legal basis for a person not to have to disclose certain convictions when asked for past conviction records. However, there are exceptions to this. One of the exceptions concerns applications to the Insurance Authority to be licensed as a licensed insurance broker or a licensed insurance agent, or to be approved as a responsible officer of a licensed insurance broker company or a licensed insurance agency within the meaning of that Ordinance.

This means applicants must disclose to the Insurance Authority any records of conviction of a criminal offence including any conviction that falls under the ambit of section 2(1) and (1A) of the ROO, when applying for an intermediary licence or approval with the Insurance Authority.

The only exception to this is that a “minor offence” need not be disclosed. A “minor offence” is an offence punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), an offence under regulation 33(6) of Road Traffic (Traffic Control) Regulations (Cap. 374G), any offence under the now expired Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I), or an offence of similar nature committed in a place outside Hong Kong.

**XI. Declaration by Applicant**

We \_\_\_\_\_ hereby declare and confirm that:

*Name of Applicant*

- The board of directors has passed a resolution to approve the Applicant to make this Application.
- We are applying for an Insurance Broker Company Licence under the Insurance Ordinance (“IO”).
- We are duly authorized to submit this Application and declaration for the purpose of applying an Insurance Broker Company Licence.
- All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO.
- We understand that Insurance Authority (“IA”) may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- We understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA making a decision in respect of this Application, we must notify the IA of the changes in writing as soon as practicable.
- We understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate. We also understand that the IA may ask us to give written consent to enable it to assess our fitness and properness.
- We have read, understood and we agree to the attached Personal Information Collection Statement.
- We consent to the IA using any personal data we have provided to the IA in (or in support of) this Application or will provide in the future, for the purposes described in the attached Personal Information Collection Statement.

\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION.**

**XII. Contact Person Regarding Any Queries on This Application**

Name		Position and Department	
Telephone No.		Email Address	

**Originally signed Application should be sent to:**

**Conduct Supervision Division (Licensing)  
Insurance Authority  
19/F, 41 Heung Yip Road  
Wong Chuk Hang  
Hong Kong**

## Personal Information Collection Statement (“PICS”)

This PICS is made by the Insurance Authority (the “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 your rights in relation 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 application by you or by any other persons (on your behalf) 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 and guidelines 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 (and 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 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 (directly or indirectly) have a connection with;
  - (v) to display your personal data on the public registers established by the IA and/or the website of the IA (where applicable);
  - (vi) to investigate complaints and handle enquiries;
  - (vii) to conduct legal proceedings, inspection, investigation, 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 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. 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 your fitness and properness under the Ordinance and/or bring serious consequences.

### **Transfer/Matching of Personal information**

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 institution/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)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other local and/or regulatory/government/judicial bodies outside Hong Kong as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and other regulators/authorities (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may be used by the IA and/or disclosed or transferred by the IA to the bodies listed above for the purposes of comparing, verifying and/or carrying out a matching procedure<sup>1</sup> of those data.

### **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 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 at 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 provided to 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 at the IA’s website.

<sup>1</sup> “matching procedure” is defined in section 2 of the PDPO.



## Application for Proposed Appointment of an Individual to be a Responsible Officer of a Licensed Insurance Agency or Licensed Insurance Broker Company

Please complete all items in BLOCK LETTERS. All amendments must be signed by the proposed Responsible Officer.

### I. Particulars of Appointing Principal

i.e. Licensed Insurance Agency/Licensed Insurance Broker Company/Applicant for the relevant Licence

<b>Name</b>	
<b>Insurance Intermediary Licence No. (if applicable)</b>	

### II. Contact Information of Appointing Principal

Please provide the following details of a contact person who is duly authorized to act on behalf of the Appointing Principal on all matters relating to the Application. The Appointing Principal will be held responsible for all submissions and representations made by this contact person.

<b>Name</b>		<b>Position</b>	
<b>Email Address</b>		<b>Tel Number</b>	

### III. Particulars of Proposed Responsible Officer (“RO”)

<b>Name in English</b>		<b>Name in Chinese (if any)</b>	
<b>† Is the Proposed RO an Individual Licensee?</b>	<input type="checkbox"/> Yes, the Licence No is _____ (Please also submit Form A1 – Application for Individual Licence if the Proposed RO needs to change his/her type of licence)  <input type="checkbox"/> No (Please submit Form A1 – Application for Individual Licence)		

### IV. Education or Professional Qualification of Proposed RO

<b>† Does the proposed RO possess any one of the following qualifications?</b>	<input type="checkbox"/> Yes (If Yes, please indicate the qualification(s) the proposed RO possesses.) <ul style="list-style-type: none"> <li><input type="checkbox"/> a bachelor degree from a recognized university or tertiary education institution</li> <li><input type="checkbox"/> † Insurance Qualification (Please refer to the information published at the website of the Insurance Authority for details about the following qualification.)               <ul style="list-style-type: none"> <li><input type="checkbox"/> ANZIIF(Fellow) <input type="checkbox"/> ACII <input type="checkbox"/> FCII <input type="checkbox"/> CLU <input type="checkbox"/> CPCU <input type="checkbox"/> FIAA <input type="checkbox"/> FIA/FFA <input type="checkbox"/> FSA</li> </ul> </li> </ul> <input type="checkbox"/> No (If No, please provide below information on your qualification including the relevant discipline, name, and country of institution and/or exemption.)		
<b>Qualification</b>			
<b>Exemption</b>	<input type="checkbox"/> Please tick this box if the proposed RO is exempted from the criteria under paragraph 5.5 of the Guideline on “Fit and Proper” Criteria for Licensed Insurance Intermediaries under the Insurance Ordinance (Cap.41) in relation to the education and qualification of the RO.		

† Please tick the appropriate box.





**V. † Proposed Duties and Responsibilities of Proposed RO**

(If there is not enough space, please provide the required information on a separate sheet.)

1. **Whether the Proposed RO is a director, controller, sole proprietor, partner of the Appointing Principal; or a member of any governance committee that reports to the board of directors of the Appointing Principal?**

- Yes. Please specify role: \_\_\_\_\_ (e.g. director/ controller/sole proprietor/partner/governance committee member etc.)
- No

2. **Whether the Proposed RO is responsible for managing and supervising the carrying on of any regulated activities of the Appointing Principal?**

- Yes, responsible for regulated activities of all line(s) of business.
- Yes, but only responsible for regulated activities in a particular line of business (e.g. General Business/Long-Term Business) as follows:

Specify the line of business under supervision	
--	--

- No

3. **Whether the Proposed RO is responsible for managing and supervising the Technical Representatives (“TRs”) of the Appointing Principal.**

- Yes, responsible for managing and supervising all the TRs
- Yes, but only responsible for managing and supervising \_\_\_\_\_ (estimated number) of TRs
- No

4. **Whether any of the existing RO(s) will cease his/her appointment as a RO of the Appointing Principal if this RO application is approved by the Insurance Authority.**

- Yes. Please provide:

Name of the existing RO	
Licence No	
Effective Date of Termination (DD/MM/YY) <i>(Please also submit Form N1)</i>	<i>(If the date of termination will be effective upon approval of this RO application, please indicate as appropriate)</i>

- No

5. **If the Appointing Principal has/will have more than one RO, please advise the reasons for having more than one RO and the segregation of duties between the ROs in relation to the supervision of regulated activities.**


† Please tick the appropriate box.



**VI. † Sufficient Authority, Resources, and Support**

1. **Whether the Board of Directors has delegated sufficient authority to the proposed RO for carrying out the responsibilities as a RO?**  
 Yes  
 No
2. **Whether the Proposed RO will be the individual in the highest rank of the Appointing Principal responsible for directly supervising its regulated activities?**  
 Yes  
 No
3. **Whether the Proposed RO will be provided with sufficient resources and support for discharging his/her responsibilities as the RO?**  
 Yes  
 No
4. **Please provide a copy of the Appointing Principal’s organization chart showing the position and the reporting line of the proposed RO.**  
 Yes, please find attached a copy of the organization chart  
 No, please explain: \_\_\_\_\_

**VII. Work Experience and Management Experience of Proposed RO**

(If there is not enough space, please provide the required information on a separate sheet.)  
 Please provide details to demonstrate that the Proposed RO has a minimum of 5 years’ experience in the insurance industry, including at least 2 years of management experience. You may (although it is not compulsory) submit reference letters to facilitate the processing of the application.

1.

<b>Name of Employer</b>		<b>Nature of Business</b>	
<b>Primary Work Location</b>		<b>Position</b>	
<b>Period of Employment</b>	From _____ to _____ (MM/YYYY) (MM/YYYY)		
<b>Relevant Experience in the Insurance Industry</b> (e.g. Duties and responsibilities, line of business involved)			
<b>Management Experience</b> (e.g. Supervisory duties involved, number of team/department/staff under supervision)			
<b>Reference Letter from Employer/Record of Employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.

<b>Name of Employer</b>		<b>Nature of Business</b>	
<b>Primary Work Location</b>		<b>Position</b>	
<b>Period of Employment</b>	From _____ to _____ (MM/YYYY) (MM/YYYY)		



<b>Relevant Experience in the Insurance Industry</b> (e.g. Duties and responsibilities, line of business involved)	
<b>Management Experience</b> (e.g. Supervisory duties involved, number of team/department/staff under supervision)	
<b>Reference Letter from Employer/Record of Employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.

<b>Name of Employer</b>		<b>Nature of Business</b>	
<b>Primary Work Location</b>		<b>Position</b>	
<b>Period of Employment</b>	From _____ to _____ (MM/YYYY) (MM/YYYY)		
<b>Relevant Experience in the Insurance Industry</b> (e.g. Duties and responsibilities, line of business involved)			
<b>Management Experience</b> (e.g. Supervisory duties involved, number of team/department/staff under supervision)			
<b>Reference Letter from Employer/Record of Employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4.

<b>Name of Employer</b>		<b>Nature of Business</b>	
<b>Primary Work Location</b>		<b>Position</b>	
<b>Period of Employment</b>	From _____ to _____ (MM/YYYY) (MM/YYYY)		
<b>Relevant Experience in the Insurance Industry</b> (e.g. Duties and responsibilities, line of business involved)			
<b>Management Experience</b> (e.g. Supervisory duties involved, number of team/department/staff under supervision)			
<b>Reference Letter from Employer/Record of Employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

† Please tick the appropriate box.



### VIII. † Fitness and Properness

The questions below are to be completed by the proposed RO.

1.	Have you ever failed to comply with any requirements while carrying on any regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been found by a court or other competent authority in Hong Kong or elsewhere to be liable for fraud, dishonesty, or misfeasance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been disqualified by a court in Hong Kong or elsewhere from being a director of a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a criminal offence <sup>1</sup> (except for a minor offence) by any court in Hong Kong or elsewhere or are you the subject of unresolved criminal charges <sup>1</sup> (except for a criminal charge in relation to a minor offence) in Hong Kong or elsewhere? (If Yes, please complete Form S3.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been refused or restricted from carrying on any trade, business, or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been censured, disciplined, or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? (If Yes, please complete Form S4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority, or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been dismissed or requested to resign from any position or office in Hong Kong or elsewhere for misconduct, negligence, incompetence, or mismanagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) a controller, director, or partner of a business entity <sup>#</sup> in Hong Kong or elsewhere; and if so	
	(b) whilst you were (or within 1 year after you ceased to be) such a controller, director, or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	
10.	Have you ever been adjudged by a court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance, or other misconduct towards a business entity or any of its members in connection with the formation or management of the business entity <sup>#</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been a controller, director, or partner of a business entity <sup>#</sup> in Hong Kong or elsewhere which: -	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) with the consent or connivance of, or because of your negligence or omission, has failed to comply with any requirements under any laws, or any rules, regulations, code, or guidelines made or issued under any laws, or any other regulatory requirements? or	
	(b) has been convicted of a criminal offence <sup>1</sup> (except for a minor offence) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges <sup>1</sup> (except for a criminal charge in relation to a minor offence) in Hong Kong or elsewhere? Or	
	(c) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance, or misconduct?	
12.	Have you ever entered into a voluntary arrangement with creditors, or been adjudicated bankrupt by a court, or are you currently subject to bankruptcy proceedings in Hong Kong or elsewhere? (If Yes, please complete Form S2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been found by a court to be mentally incapacitated, or are you detained in a mental hospital, under the Mental Health Ordinance (Cap. 136)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>#</sup> Business entity means a sole proprietorship, a partnership, or a company.

<sup>1</sup> Section 2(1) and (1A) of the Rehabilitation of Offenders Ordinance (Cap. 297) ("ROO") provides the legal basis for a person not to have to disclose certain convictions when asked for past conviction records. However, there are exceptions to this. One of the exceptions concerns applications to the Insurance Authority to be licensed as a licensed insurance broker or a licensed insurance agent, or to be approved as a responsible officer of a licensed insurance broker company or a licensed insurance agency within the meaning of that Ordinance.

This means applicants must disclose to the Insurance Authority any records of conviction of a criminal offence including any conviction that falls under the ambit of section 2(1) and (1A) of the ROO, when applying for an intermediary licence or approval with the Insurance Authority.

The only exception to this is that a "minor offence" need not be disclosed. A "minor offence" is an offence punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), an offence under regulation 33(6) of Road Traffic (Traffic Control) Regulations (Cap. 374G), any offence under the now expired Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I), or an offence of similar nature committed in a place outside Hong Kong.

† Please tick the appropriate box.



(If the answer to any one or more of the above 14 questions is/are “Yes”, please tick the appropriate box below)

- I have already provided to the former self-regulatory organizations (“SRO”) which I was registered with/ the Insurance Authority with details of the relevant case/ matter and the Insurance Authority can rely on the information and documents that I have previously provided in considering this application.
- I have not provided to the former SRO which I was registered with/ the Insurance Authority with details of the relevant case/ matter. In order for the Insurance Authority to consider this application, I complete and enclose the relevant supplemental form (i.e. Supplemental Forms S2 information on bankruptcy, liquidation or similar proceedings, S3 information on criminal record, or S4 information on disciplinary action record) and/ or provide details of the relevant case/ matter on a separate sheet, including date of the relevant event, name of regulatory/ criminal investigatory/ professional body (if applicable), description of the case/ matter, my role/ involvement in the case/ matter, and outcome and current status of the case/ matter.

### IX. † Capacities in a Licensed Insurance Intermediary

The questions below are to be completed by the proposed RO.

1. Is the proposed RO related to any licensed insurance agency or broker company **OTHER THAN** the Appointing Principal?
- Yes
- The Individual is a *\*Sole proprietor/ Partner/ Licensed Technical Representative (Agent)* of another Licensed Insurance Agency (Licence No: \_\_\_\_\_);
- The Individual is a *\*Director/ Controller/ Employee* of another Licensed Insurance Agency (Licence No: \_\_\_\_\_); and
- manages or controls any matter relating to a regulated activity of that other agency; **OR**
- does not manage or control any matter relating to a regulated activity of that other agency.
- The Individual is a *\*Director/ Controller/ Employee / Licensed Technical Representative (Broker)* of another Licensed Insurance Broker Company (Licence No.: : \_\_\_\_\_); and
- That other company
- is in the same “group of companies”<sup>1</sup> of Appointing Principal; **OR**
- is not in the same “group of companies” of Appointing Principal; and
- The individual
- manages or controls any matter relating to a regulated activity of that other company; **OR**
- does not manage or control any matter relating to a regulated activity of that other company.
- Others. Please specify: \_\_\_\_\_
- No

*\*please delete as appropriate*

<sup>1</sup> Pursuant to section 2 of the Companies Ordinance, (Cap. 622), a “group of companies” means “any 2 or more bodies corporate one of which is the holding company of the other or others”.

† Please tick the appropriate box.



**X. Declaration by Proposed RO**

I, \_\_\_\_\_, hereby declare and confirm that:  
*Name of Proposed Responsible Officer*

- I agree to act as the Responsible Officer (“RO”) of the Appointing Principal.
- I consent to the Appointing Principal making this application to the Insurance Authority (“IA”) for the approval of myself as a RO of the Appointing Principal under section 64ZE of the Insurance Ordinance (“IO”)/section 64ZF of the IO (as the case may be).
- All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- I understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO.
- I understand that the IA may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA’s making a decision in respect of this Application, I must notify the IA of the changes in writing as soon as practicable.
- I understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate. I also understand that the IA may ask me to give written consent to enable it to assess my fitness and properness.
- I have read, understood and I agree to the attached Personal Information Collection Statement.
- I consent to the IA using any of my personal data I or my Appointing Principal(s) have/has provided to the IA in (or in support of) this Application or will provide in the future in connection with this Application, for the purposes described in the attached Personal Information Collection Statement.

\_\_\_\_\_  
Signature of Proposed RO

\_\_\_\_\_  
Date

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION.**



**XI. Declaration by the Appointing Principal**

I/We hereby declare and confirm that:

- The board of directors has passed a resolution to submit this Application (where the Appointing Principal is a company).
- I am/We are duly authorized to endorse this declaration and make this Application for the approval of the proposed Responsible Officer (“RO”) as a RO of the Appointing Principal under section 64ZE of the Insurance Ordinance (“IO”)/ section 64ZF of the IO (as the case may be).
- I/We declare that, to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- I/We believe that the proposed RO has complied with the “fit and proper” requirements stipulated in section 64ZZA of the IO and all relevant guidelines and codes issued by the Insurance Authority (“IA”).
- The proposed RO has sufficient authority from the Appointing Principal for discharging his/her responsibilities, and I/we undertake to provide the proposed RO with sufficient resources and support for discharging those responsibilities.
- I/We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the Insurance Ordinance.
- I/We understand that the IA may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I/We understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA’s making a decision in respect of this Application, I/we must notify the IA of the changes in writing as soon as practicable.
- I/We understand that IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Application.

For and on behalf of: \_\_\_\_\_  
Name of Appointing Principal

\_\_\_\_\_  
Name and Position of Authorized Person      Signature of Authorized Person      Date

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION.**



## **Personal Information Collection Statement (“PICS”)**

This PICS is made by the Insurance Authority (the “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 your rights in relation 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 application by you or by any other persons (on your behalf) 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 and guidelines 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 (and 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 (directly or indirectly) have a connection with;
  - (v) to display your personal data on the public registers established by the IA and/or the website of the IA (where applicable);
  - (vi) to investigate complaints and handle enquiries;
  - (vii) to conduct legal proceedings, inspection, investigation, 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 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. 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 your fitness and properness under the Ordinance and/or bring serious consequences.

### **Transfer/Matching of Personal information**

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 institution/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)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other local and/or regulatory/government/judicial bodies outside Hong Kong as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and other regulators/authorities (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may be used by the IA and/or disclosed or transferred by the IA to the bodies listed above for the purposes of comparing, verifying and/or carrying out a matching procedure<sup>1</sup> of those data.

### **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 RO 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 RO.

### **Access to 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 at 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 provided to 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 at the IA’s website.

<sup>1</sup> “matching procedure” is defined in section 2 of the PDPO.





**Application for Insurance Intermediary Licence by  
Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker)**  
Pursuant to Section 64W, 64Y or 64ZC of the Insurance Ordinance (Cap. 41)

For Official Use					
O	D	N	C	S	F
1 <sup>st</sup> Review		2 <sup>nd</sup> Review		Approved	

**Please read the Notes on Application and complete all items in BLOCK LETTERS. All amendments must be signed by the Applicant. Before submission, please ensure the Applicant is currently not a licensed insurance intermediary.**

† Licence applied <input type="checkbox"/> Individual Insurance Agent Licence <input type="checkbox"/> Technical Representative (Agent) Licence <input type="checkbox"/> Technical Representative (Broker) Licence	Corresponding Appointing Principal  <b>Authorized Insurer</b> <b>Licensed Insurance Agency</b> <b>Licensed Insurance Broker Company</b>
† Duration of Licence being Applied for <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	† Eligible Line(s) of Business for which you are applying * <input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel Business  <small>* Line of Business: G – General; LT – Long Term; Excl.LLT – Excluding Linked Long Term; Incl.LLT – Including Linked Long Term</small>

### I. Particulars of Applicant

<b>Name in English</b>	<i>Surname</i>	<i>First/ Other Names</i>	<b>Name in Chinese</b>
<b>Former Name in English (if any)</b>	<i>Surname</i>	<i>First/ Other Names</i>	<b>Former Name in Chinese (if any)</b>
<b>Date of Birth (DD/MM/YY)</b>			† <b>Nationality</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Others (please specify) _____
<b>Hong Kong Identity Card No.</b>			
<b>Chinese Commercial Code (if any)</b>			
<b><u>This part needs to be completed by Non-HK Permanent Resident only</u></b>			
<b>Travel Document No.:</b> _____			
† Do you hold a valid visa or permit which does not restrict you from carrying on any regulated activity in Hong Kong? <input type="checkbox"/> Yes <input type="checkbox"/> No			



<b>Daytime Contact No.</b>		<b>Mobile Phone No.</b> (For receiving SMS)		<b>Email Address</b> (Please underline numeric characters)	
<b>Business Address</b>					
<b>Residential Address</b> (Hotel, Student Hall, Non-HK address and PO box are not accepted)					

**II. Employment, Directorship & Relationship with Licensed Insurance Agency/ Broker Company**

**1. Current/ Last Employment Information (Based on Contract of Employment)**

Please provide information about your current employment (or last employment if you have no employment currently).

Name of Employer: \_\_\_\_\_ †  Current Employer  
 Last Employer  
Position: \_\_\_\_\_  Not Applicable  
(Reason: \_\_\_\_\_)

Period: (MM/YYYY - MM/YYYY): \_\_\_\_\_

**2. Current Directorship**

† Are you currently a director of a company? If Yes, please provide the relevant details, including (i) name of company, (ii) approximate year(s) of directorship and (iii) nature and state of affairs of its business on a separate sheet.

Yes  No

**3. Current relationship with any Licensed Insurance Agency (other than your employment with your Appointing Principal(s))**

† Are you currently a proprietor, a partner, an employee or a director of a licensed insurance agency? If Yes, please provide the relevant details, including (i) name and licence no. of the agency; (ii) your capacity and (iii) a brief description of your duties and responsibilities in the agency on a separate sheet.

Yes  No

**4. Current relationship with any Licensed Insurance Broker Company (other than your employment with your Appointing Principal(s)).**

† Are you currently an employee or a director of a licensed insurance broker company? If Yes, please provide the relevant details, including (i) name and licence no. of the broker company; (ii) your capacity and (iii) a brief description of your duties and responsibilities in the broker company on a separate sheet.

Yes  No



**III. Licence(s) Granted by Financial Regulator(s)**

1. † Have you ever been registered with the Mandatory Provident Fund Schemes Authority (“MPFA”)?

Yes (If Yes, please provide your MPF registration no.: \_\_\_\_\_)  No

2. † Have you ever been licensed by the Securities and Futures Commission (“SFC”)?

Yes (If Yes, please provide your SFC licence no.: \_\_\_\_\_)  No

3. † Have you ever been registered with the Hong Kong Monetary Authority (“HKMA”)?

Yes (If Yes, please provide your HKMA licence no.: \_\_\_\_\_)  No

4. † Have you ever been licensed by or registered with other financial regulators, or self-regulatory organizations (“SRO”) for insurance intermediaries in or outside Hong Kong (including Insurance Agents Registration Board, The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association)?

Yes (If Yes, please provide the name of the regulatory body/organization and your registration no. Please also complete Form S1 except for registration with SRO in Hong Kong.)

Name: \_\_\_\_\_ (Registration No.: \_\_\_\_\_)

*(If the Applicant had been registered with more than one SRO, only the last registration record is required.)*

No

**IV. Insurance Intermediaries Qualifying Examination (Please provide supporting documents.)**

Examination Paper	Principles and Practice of Insurance	General Insurance	Long Term Insurance	Investment-linked Long Term Insurance	Travel Insurance Agents
† Examination Result/Exemption	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered
† Are you relying on Remote Invigilation Mode Examination (RIME) passing results in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					



**V. Education/ Professional Qualification (Please provide supporting documents.)**

† Do you possess any one of the following qualifications?

- Yes (If Yes, please indicate the qualification(s) you possess.)
  - Hong Kong Diploma of Secondary Education Examination** (Level 2 or above in 5 subjects, including Chinese or English, and Mathematics) or **Hong Kong Certificate of Education Examination** (Grade E or above in 5 subjects, including Chinese or English\* and Mathematics)
 

*\*Grade C in English (Syllabus A) is recognised as equivalent to Grade E in English (Syllabus B)*
  - International Baccalaureate Diploma**
  - Diploma Yi Jin** (including completion of Maths Plus elective course)
  - Diploma or degree granted by a degree-awarding higher education institution established or registered under an Ordinance of Hong Kong**
  - † **Insurance Qualification**

*(Please refer to the information published at the website of the Insurance Authority for details about the following qualification.)*

    - ANZIIF (Snr Assoc)
    - ANZIIF (Fellow)
    - ACII
    - FCII
    - Chartered Financial Planner
    - CLU
    - CPCU
    - Hong Kong Diploma in Insurance Studies
    - FIAA
    - FIA/FFA
    - FLMI
    - FSA

No (If No, please provide below information on your education/professional qualification and/or exemption.)

**Education/ Professional Qualification**

<b>Qualification</b>	
<b>Discipline</b>	
<b>Name of Institution</b>	
<b>Country or Place of Institution</b>	

**Exemption**

- Please tick this box if you are exempted from the criteria under paragraph 5.2(a) of the Guideline on “Fit and Proper” Criteria for Licensed Insurance Intermediaries under the Insurance Ordinance (Cap.41) in relation to an application for Individual Insurance Agent Licence, Technical Representative (Agent) Licence or Technical Representative (Broker) Licence.

**VI. †Character, Financial Status, Disciplinary Action & Investigation**

1.	Have you ever failed to comply with any requirements while carrying on any regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been found by a court or other competent authority in Hong Kong or elsewhere to be liable for fraud, dishonesty or misfeasance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been disqualified by a court in Hong Kong or elsewhere from being a director of a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a criminal offence <sup>1</sup> (except for a minor offence) by any court in Hong Kong or elsewhere or are you the subject of unresolved criminal charges <sup>1</sup> (except for a criminal charge in relation to a minor offence) in Hong Kong or elsewhere? (If yes, please complete Form S3.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been refused or restricted from carrying on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? (If yes, please complete Form S4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been dismissed or requested to resign from any position or office in Hong Kong or elsewhere for misconduct, negligence, incompetence or mismanagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been: (a.) a controller, director or partner of a business entity in Hong Kong or elsewhere; and if so (b.) whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been adjudged by a court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or other misconduct towards a business entity or any of its members in connection with the formation or management of the business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been a controller, director or partner of a business entity in Hong Kong or elsewhere which:- (a.) with the consent or connivance of, or because of your negligence or omission, has failed to comply with any requirements under any laws, or any rules, regulations, code or guidelines made or issued under any laws, or any other regulatory requirements? Or (b.) has been convicted of a criminal offence <sup>1</sup> (except for a minor offence) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges <sup>1</sup> (except for a minor offence) in Hong Kong or elsewhere? Or (c.) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever entered into a voluntary arrangement with creditors, or been adjudicated bankrupt by a court, or are you currently subject to bankruptcy proceedings in Hong Kong or elsewhere? (If yes, please complete Form S2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been found by a court to be mentally incapacitated, or are you detained in a mental hospital, under the Mental Health Ordinance (Cap. 136)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Section 2(1) and (1A) of the Rehabilitation of Offenders Ordinance (Cap. 297) ("ROO") provides the legal basis for a person not to have to disclose certain convictions when asked for past conviction records. However, there are exceptions to this. One of the exceptions concerns applications to the Insurance Authority to be licensed as a licensed insurance broker or a licensed insurance agent, or to be approved as a responsible officer of a licensed insurance broker company or a licensed insurance agency within the meaning of that Ordinance.

This means applicants must disclose to the Insurance Authority any records of conviction of a criminal offence including any conviction that falls under the ambit of section 2(1) and (1A) of the ROO, when applying for an intermediary licence or approval with the Insurance Authority.

The only exception to this is that a "minor offence" need not be disclosed. A "minor offence" is an offence punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), an offence under regulation 33(6) of Road Traffic (Traffic Control) Regulations (Cap. 374G), any offence under the now expired Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I), or an offence of similar nature committed in a place outside Hong Kong.



**(If the answer to any one or more of the above 14 questions is/are “Yes”, please tick the appropriate box below:)**

- I have already provided the Insurance Authority with the details of the relevant case/ matter and the Insurance Authority can rely on the information and documents that I have previously provided in considering this application.
- I have not provided the Insurance Authority with details of the relevant case/ matter. In order for the Insurance Authority to consider this application, I complete and enclose the relevant supplemental form and/ or provide details of the relevant case/ matter on a separate sheet, including date of the relevant event, name of regulatory/ criminal investigatory/ professional body (if applicable), description of the case/ matter, my role/ involvement in the case/ matter, and outcome and current status of the case/ matter.

**VII. Appointing Principal(s)**

Name of Appointing Principal	Appointing Line of Business*
1.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
2.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
3.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
4.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
<p><i>* Please tick the relevant Line of Business which the Appointing Principal has authorized/ will authorize the Applicant to carry on. Line of Business: G – General; LT – Long Term; Excl.LLT – Excluding Linked Long Term; Incl.LLT – Including Linked Long Term</i></p>	



### VIII. Declaration by Applicant

I, \_\_\_\_\_, hereby declare and confirm that:

*Name of Applicant*

- I am applying to become a licensed Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker) as indicated in this Application.
  - All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
  - I agree to be appointed as a licensed Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker) of the Appointing Principal(s).
  - I understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the Insurance Ordinance.
  - I understand that the Insurance Authority ("IA") may take criminal and/ or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
  - I understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA's making a decision in respect of this Application, I must notify the IA of the changes in writing as soon as practicable.
  - I understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate in the assessment of this application. I also understand that the IA may ask me to give written consent to enable it to assess my fitness and properness.
  - I consent to the IA using any of my personal data I or my Appointing Principal(s) has/ have provided to the IA in (or in support of) this Application or will provide in the future in connection with this Application or the licence which the IA grants under this Application, for the purposes described in the attached Personal Information Collection Statement.
  - I have read, understood and I agree to the attached Personal Information Collection Statement.
- I am holding a licence that is different to the type of licence applied for in this application. By ticking this box, I confirm that I will request all the appointing principal(s) of that licence to terminate my appointment as its/ their agent and I request the IA, under section 64ZQ of the IO, to revoke that licence when (and if) the IA grants the licence applied for under this Application.<sup>†</sup>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION, OR OMIT MATERIAL PARTICULARS, IN CONNECTION WITH THIS APPLICATION.**



**IX. Declaration by Appointing Principal(s)**

(Authorized Insurer, Licensed Insurance Agency or Licensed Broker Company as applicable)

- We **CONFIRM** that the Applicant is duly appointed as our Individual Insurance Agent/Technical Representative (Agent)/Technical Representative (Broker) in the line of business concerned as indicated in this Application.
- We declare that, to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE** and **CORRECT**.
- We **BELIEVE** that the Applicant has complied with the “fit and proper” requirements stipulated in section 64ZZA of the Insurance Ordinance and all relevant guidelines and codes issued by the Insurance Authority.

Appointing Principal 1				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details	Name	Position	Email	Phone
Appointing Principal 2				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details	Name	Position	Email	Phone
Appointing Principal 3				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details	Name	Position	Email	Phone
Appointing Principal 4				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details	Name	Position	Email	Phone

\* Reference No. - Company Registration No. for Authorized Insurer and Insurance Intermediary Licence No. for Licensed Insurance Agency/Insurance Broker Company.

\*\* For an authorized insurer, this Application Form should be signed by its Director/Key Person in Intermediary Management Function/a person authorized by its Board of Directors. For a licensed insurance agency/broker company, this Application Form should be signed by its Responsible Officer/Director/a person authorized by its Board of Directors/Sole Proprietor/Partner (where applicable).

**Please be reminded that Appointing Principal(s) are responsible for verifying the information provided in this Application and any documents in connection with this Application.**





## **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 application by you or by any other persons 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 (including processing your application(s)) 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)), 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 procedure<sup>1</sup> of those data.

### **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 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 at 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 at the IA's website.

<sup>1</sup> “matching procedure” is defined in section 2 of the PDPO.

**Notification of Appointment of a Licensed Insurance Intermediary  
to carry on regulated activities in one or more line(s) of business  
by Appointing Principal(s)**

Pursuant to Section 64Q of the Insurance Ordinance (Cap. 41)

For Official Use					
C		SA		LN	
Check		Update		Verify	

**Please complete all items in BLOCK LETTERS. All amendments must be signed by the relevant party and original signed copy should be submitted.**

**I. Particulars of Licensed Insurance Intermediary**

Insurance Intermediary Licence No.		Name in English	
† Type of licence	<input type="checkbox"/> Insurance Agency <input type="checkbox"/> Individual Insurance Agent <input type="checkbox"/> Technical Representative (Agent) <input type="checkbox"/> Technical Representative (Broker)		

**II. Particulars of the Appointing Principal(s) of the Licensed Insurance intermediary and the line(s) of business the Licensed Insurance Intermediary will be appointed to carry on**

Name of Appointing Principal (in English)	Are you an existing Appointing Principal of the Licensed Insurance Intermediary?	Specify ALL the line(s) of business the Licensed Insurance Intermediary will carry on for the Appointing Principal*	Specify the Date the Licensed Insurance Intermediary will carry on ALL the line(s) of business #
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Please state the numeric code for the relevant Line(s) of Business which the Licensed Insurance Intermediary will carry on as an agent of the Appointing Principal.

- |   |   |
|---|---|
| 1. General                              | 4. General and Long Term excluding Linked Long Term |
| 2. Long Term excluding Linked Long Term | 5. General and Long Term including Linked Long Term |
| 3. Long Term including Linked Long Term | 6. Restricted Scope Travel                          |

# Appointing Principal must notify the Insurance Authority ("IA") **at least 14 days before** the intended appointment of the Licensed Insurance Intermediary to carry on the line(s) of business. If there is any change in the intermediary's particulars (e.g. business address, telephone number or electronic mail address etc.), a completed Form N3 (for individual) or N4 (for business entity) shall also be submitted to the IA within 14 days after the date on which the change takes place for notification purposes.

† Please tick the appropriate box.



**III. Declaration by Licensed Insurance Intermediary**

I/ We, \_\_\_\_\_, hereby declare and confirm that:  
*Name of Licensed Insurance Intermediary*

- I/ We agree or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the relevant Line(s) of Business as stated in Section II.
- I/ We have obtained consent from my existing Appointing Principal(s), if any, for me/ us to be appointed or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- I/ We understand that the IA may make such enquiries and seek further information or documents as it thinks appropriate.
- I/ We have read, understood and I/ we agree to the attached Personal Information Collection Statement.

\_\_\_\_\_  
 Signature of Licensed Insurance Intermediary  
 (Company chop is required for Licensed Insurance Agency)

\_\_\_\_\_  
 Date

**IV. Declaration by Existing Appointing Principal(s) (if applicable)**

All existing Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby **CONFIRM** that:

- We consent the Licensed Insurance Intermediary to be appointed/ continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- All the information provided in this Notification are **COMPLETE, TRUE and CORRECT**.
- We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.

Existing Appointing Principal 1				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

Existing Appointing Principal 2				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone



Existing Appointing Principal 3				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

Existing Appointing Principal 4				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

**V. Declaration by New Appointing Principal(s) (if applicable)**

All new Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby <b>CONFIRM</b> that:				
<ul style="list-style-type: none"> <li>We will appoint the Licensed Insurance Intermediary to carry on regulated activities in the line(s) of business as an agent of the Appointing Principal(s) as of the date stated in Section II above.</li> <li>We understand and accept that the Licensed Insurance Intermediary is appointed by the existing Appointing Principal(s) stated in Section IV above to carry on regulated activities as an agent of the existing Appointing Principal(s).</li> <li>We declare that to the best of our knowledge and belief all the information and documents given in (or in support of) this Notification is <b>COMPLETE, TRUE and CORRECT</b>.</li> <li>We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.</li> <li>We understand that the IA may take disciplinary action against a person who has given false or misleading information or omitted a material particular in this Notification.</li> <li>We believe that the Licensed Insurance Intermediary is a “fit and proper” person to carry on regulated activities in the line(s) of business as stated in Section II above.</li> <li>We will comply with the Personal Data (Privacy) Ordinance (Cap. 486) and all relevant guidelines issued by the Office of the Privacy Commissioner for Personal Data, Hong Kong, in relation to any personal data collected from the Licensed Insurance Intermediary.</li> </ul>				

New Appointing Principal 1				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone



New Appointing Principal 2				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

New Appointing Principal 3				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

New Appointing Principal 4				<i>(Company Chop)</i>
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

**Remarks:**

\* Reference No. - Company Registration No. for Authorized Insurer and Insurance Intermediary Licence No. for Licensed Insurance Agency/ Licensed Insurance Broker Company.

\*\* For an authorized insurer, this Notification Form should be signed by its Director/ Key Person in Intermediary Management Function/ a person authorized by its Board of Directors. For a Licensed Insurance Agency/ Licensed Insurance Broker Company, this Notification Form should be signed by its Responsible Officer/ Director/ a person authorized by its Board of Directors/ Sole Proprietor/ Partner (where applicable).



## **Personal Information Collection Statement (“PICS”)**

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### **Purpose of Collection**

The personal data provided in (and in support of) this notification by you or by any other persons 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)/notification(s) received by the IA under the Ordinance;
  - (ii) to assess the fitness and properness of any person in relation to licensing or approval (as the case may be) under the Ordinance;
  - (iii) to monitor the fitness and properness of any licensed insurance intermediaries or responsible officers to remain licensed or approved (as the case may be) under the Ordinance;
  - (iv) to consider any application(s) under the Ordinance where the licensed insurance intermediaries or responsible officers 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;
- (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. Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions (including processing your application(s)) and may affect the IA’s assessment of the fitness and properness under the Ordinance.

### **Transfer/Matching of Personal Data**

In performing the IA’s functions under the relevant laws and regulations, the 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)), 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 procedure<sup>1</sup> of those data.

### **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 Data**

Under the PDPO, licensed insurance intermediaries and responsible officers have the right to request access to and/or for correction of the personal data held by the IA. Please complete a “Data Access Request Form” (which is available at 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 the request. The IA has the right to charge a reasonable fee for processing any such request.

### **Enquiries**

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<sup>1</sup> “matching procedure” is defined in section 2 of the PDPO.