

**Notification of Change in Partners, Directors or Controllers of
a Licensed Insurance Agency or Licensed Insurance Broker Company**
Pursuant to Section 64ZZD of the Insurance Ordinance (Cap.41)

For Official Use					
LN		Update		Verify	

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

I. Particulars of Licensed Insurance Intermediary

i.e. Licensed Insurance Agency/Licensed Insurance Broker Company

Insurance Intermediary Licence No.		Name in English	
Type of licence	<input type="checkbox"/> Licensed insurance agency <input type="checkbox"/> Licensed insurance broker company		

II. Type of Change(s)

Please select the change(s) reported in this Notification and complete the relevant section(s) accordingly.

† Type of Change(s)	Section to be Completed	Documents to be provided
<input type="checkbox"/> Partners	Section III	<input type="checkbox"/> Copies of the shareholding structure (before and after change(s)); <input type="checkbox"/> Copies of Bought and Sold notes/Instruments of Transfer (if applicable); <input type="checkbox"/> Copies of any filings to the Companies Registry in relation to the change(s); <input type="checkbox"/> Form S5/S6 – Information on Director/Controller (Individual)/(Body Corporate) for EACH newly appointed partner and controller.
<input type="checkbox"/> Controllers	Section IV	
<input type="checkbox"/> Directors	Section V	<input type="checkbox"/> A copy of any filings to the Companies Registry in relation to the change(s); <input type="checkbox"/> Form S5/S6 – Information on Director/Controller (Individual)/(Body Corporate) for EACH newly appointed director.

III. Change(s) in Partners

If there is insufficient space, please provide the information on a separate sheet.

† Nature of change	Name	HKID/ Passport/ Business Registration No.	Reason for change (E.g. Cessation of business, rotation, resignation and etc.)	Effective date (DD/MM/YY)	† Notification is made within 1 month of the effective date? *
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No

† Please tick the appropriate box.

IV. Changes in Controller(s)

If there is insufficient space, please provide the information on a separate sheet.

† Nature of change	Name	HKID/ passport/ Business Registration No.	Reason for change (E.g. Share allotment, business restructure, business acquisition and etc.)	Effective date (DD/MM/YY)	† Notification is made within 1 month of the effective date? *
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Change(s) in Directors

If there is insufficient space, please provide the information on a separate sheet.

† Nature of change	Name	HKID/ passport/ Business Registration No.	Reason for change (E.g. Rotation, resignation, business restructuring, business acquisition and etc.)	Effective date (DD/MM/YY)	† Notification is made within 1 month of the effective date? *
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Appointment <input type="checkbox"/> Cessation					<input type="checkbox"/> Yes <input type="checkbox"/> No

† Please tick the appropriate box.

* If any of the above notification is not made within 1 month of the effective date, please provide the reason(s) for the late notification and relevant supporting documents (if any)

VI. Declaration by Licensed Insurance Intermediary

I/We _____, hereby declare and confirm that:
Name of Licensed Insurance Intermediary

- All the information provided in this Notification and any documents in connection with this Notification are **COMPLETE, TRUE and CORRECT**.
- I/We understand that giving false or misleading information in support of this Notification is an offence under section 64ZZE of the Insurance Ordinance.
- I/We 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 Notification.
- I/We understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate.
- I/We have read, understood and I/we agree to the attached Personal information Collection Statement.
- I/We consent to the IA using any of my/our personal data I/we have provided to the IA in (or in support of) this Notification, for the purposes described in the attached Personal Information Collection Statement.

_____	_____	_____
Name and Position of Authorized Person	Authorized Signature and Company Chop	Date

(This Notification Form should be signed by a Responsible Officer/Director/a person authorized by its Board of Directors/Sole Proprietor/Partner (where applicable).)

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

Important Notes:

- Under section 64ZZD of the Insurance Ordinance, a licensed insurance intermediary must notify the IA in writing of any change in partners, directors or controllers **within 1 month** after the date on which the change takes place.

Originally signed notification should be sent to:

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

† Please tick the appropriate box.

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 procedure¹ 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.

¹ “matching procedure” is defined in section 2 of the PDPO.