

**Application for Renewal of Insurance Agency Licence**  
Under Section 64ZV of the Insurance Ordinance (Cap. 41)

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

**I. Particulars of Applicant**

<b>Licence No.</b>			
<b>Name of Insurance Agency</b>	English		
	Chinese		
<b>Former/Other Name(s), of the past 3 years, if any</b>	English		
	Chinese		
<b>Form of Ownership</b>	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
<b>Address of Registered Office/ Principal Place of Business in HK</b>			
<b>Telephone Number</b>	<i>Must be a Hong Kong phone number</i>	<b>Fax Number, if any</b>	
<b>Email Address</b>	<i>Please underline numeric characters</i>	<b>Website Address, if any</b>	

**Please provide a copy of Business Registration Certificate and a copy of the latest Annual Return filed to the Companies Registry and subsequent filings (if any) by the Applicant:**

- Attached: a copy of Business Registration Certificate;
- Attached: a copy of the latest Annual Return filed to the Companies Registry (only applicable to applicant which is a limited company)
- Attached: a copy of any filings to the Companies Registry after the latest Annual Return (only applicable to applicant which is a limited company)

**† Please tick the appropriate box.**

Version: October 2022



**II. Other Business of the Applicant**

**2.1 Is the Applicant carrying on any business other than insurance agency business?**

- No. Please proceed to Section III
- Yes.

**2.2 (a) If the answer is 'Yes' to Question 2.1, please provide a brief description of the other business:  
(For a non-Hong Kong company, please also provide information on the business carried on in the Applicant's home country and other branches/places of business)**


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

**(b) Is the Applicant aware of any potential conflict of interest that may arise between the Applicant's insurance agency business and its other business?**

- No. Please proceed to Section III
- Yes.

**2.3 If the answer is 'Yes' to Question 2.2(b), please state how such conflicts of interest are to be avoided or managed**


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

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

Please indicate whether the Applicant has in the past 3 years been registered/licensed with the following financial regulators in Hong Kong or elsewhere?

- No  
 Yes. Please *tick where applicable* and provide details below:

Name of Regulator	Licence / Registration No.
<input type="checkbox"/> Mandatory Provident Fund Schemes Authority	
<input type="checkbox"/> Securities and Futures Commission	
<input type="checkbox"/> Hong Kong Monetary Authority	
<input type="checkbox"/> Other financial regulators or self-regulatory organizations for insurance intermediaries <u>outside</u> Hong Kong. If yes, please complete Supplemental Form S1 – Information on Other Licence(s)	

**IV. Directors**

Please list the Applicant's director(s) in the table below.

Name of Director(s) (only applicable to an Applicant which is a limited company)	Effective Date

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

**V. Controllers**Please list the Applicant's controller(s)<sup>1</sup> in the table below:

Name of Controller(s)	Effective Date	Capacity (Shareholder/Partner/ Sole Proprietor)	For Shareholder Controller, please state the shareholding %
		<input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor	
		<input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor	
		<input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor	
		<input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor	

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

**VI. Confirmation regarding section 64J of the Ordinance**

Please confirm that none of directors, partners or sole proprietor of the Applicant who manage or control any matter relating to a regulated activity of the Applicant is:

- (i) A licensed individual insurance agent;
- (ii) a proprietor, partner, or licensed technical representative (agent) of another licensed insurance agency;
- (iii) a licensed technical representative (broker);
- (iv) a director or an employee of another licensed insurance agency who manages or controls any matter relating to a regulated activity of that other agency; or
- (v) a director or an employee of a licensed insurance broker company who manages or controls any matter relating to a regulated activity of that company<sup>2</sup>.

 Confirmed (please tick)<sup>1</sup> Pursuant to section 64F of the IO, , a controller is a person who meets the following:

- (a) In relation to a sole proprietorship –
  - (i) means an individual who ultimately owns or controls the carrying on of regulated activities by the sole proprietorship; or
  - (ii) if the sole proprietor is acting on behalf of another person, means the other person;
- (b) in relation to a partnership, means an individual who –
  - (i) is entitled to or controls, directly or indirectly, not less than a 15% share of the capital or profits of the partnership;
  - (ii) is, directly or indirectly, entitled to exercise or control the exercise of not less than 15% of the voting rights in the partnership; or
  - (iii) exercises ultimate control over the management of the partnership; or
- (c) in relation to a company means a person who –
  - (i) owns or controls, directly or indirectly, including through a trust or bearer share holding, not less than 15% of the issued share capital of the company;
  - (ii) is, directly or indirectly, entitled to exercise or control the exercise of not less than 15% of the voting rights at general meetings of the company; or
  - (iii) exercises ultimate control over the management of the company.

<sup>2</sup> Pursuant to section 64J of the Insurance Ordinance (Cap. 41) ("IO"), a proprietor or a partner or a director of a licensed insurance agency who manages or controls any matter relating to a regulated activity of the agency must not also be (a) a proprietor or a partner of another licensed insurance agency; (b) a licensed individual insurance agent; (c) a licensed technical representative (agent) of another licensed insurance agency; (d) a licensed technical representative (broker); (e) a director or an employee of another licensed insurance agency who manages or controls any matter relating to a regulated activity of that other agency; or (f) a director or an employee of a licensed insurance broker company who manages or controls any matter relating to a regulated activity of that company.

† Please tick the appropriate box.

Version: October 2022



## VII. Group Structure

Is the Applicant a company within a group of companies?<sup>3</sup> (only applicable to Applicant which is a limited company)

- No
- Yes. Please submit a group organizational chart setting out, at minimum, all subsidiaries<sup>4</sup> of the Applicant and all controllers of the Applicant going up to the ultimate controller of the Applicant. In the chart, please state each controller's percentage of control in the Applicant (whether by way of direct shareholding in the Applicant, indirect control through a shareholding in a company of which the Applicant is a subsidiary, or otherwise through the ultimate control it has over the Applicant's management).
- Attached – A detailed Group organizational chart

## VIII. Controls and Procedures

The Applicant confirms that it has appropriate governance arrangements and internal systems, controls and procedures in place for

- Assessing fitness and properness of new Technical Representative (Agent) ("TR(A)")
- Onboarding of new staff and TR(A) (i.e. including but not limited to introduction to the Applicant's business operations and compliance systems to enable TR(A) to perform regulated activities)
- Training of staff and TR(A)
- Compliance of TR(A) with Continuing Professional Development (CPD) requirements
- Compliance by the Applicant and its TR(A)s with the Code of Conduct for Licensed Insurance Agents, applicable guidelines and requirements under the Insurance Ordinance (Cap. 41)
- Compliance with the Insurance (Maximum Number of Authorized Insurers) Rules (Cap. 41K)
- Compliance with the restriction in relation to personnel of licensed insurance agencies under section 64J of the Insurance Ordinance (Cap. 41)<sup>2</sup>

---

<sup>3</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".

<sup>4</sup> Pursuant to section 15 of the Companies Ordinance, (Cap. 622), a body corporate is a subsidiary of another body corporate if that other body corporate is a holding company of it.

† Please tick the appropriate box.

Version: October 2022

**IX. Character, Financial Status, Disciplinary Action and Investigation**

**In the past 3 years, has the Applicant and/or its controller(s), director(s), sole proprietor or partner(s):**

	Yes	No
1. Ever failed to comply with any requirements in relation to the carrying on of regulated activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>	<input type="checkbox"/>
3. Ever been censured, disciplined, or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? (if Yes, please complete Supplemental Form S4)	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been subject to receivership, administration, liquidation or other similar proceedings in Hong Kong or elsewhere? (if Yes, please complete Supplemental Form S2)	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever entered into a scheme of arrangement or made any form of compromise with its creditors or failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere? (if Yes, please complete Supplemental Form S2)	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever been a controller, director or partner of another business entity <sup>5</sup> in Hong Kong or elsewhere and whilst it/he/she was (or within 1 year after you ceased to be) such a controller, director or partner, that business entity	<input type="checkbox"/>	<input type="checkbox"/>
(i) was compulsorily wound up; or		
(ii) entered into a scheme of arrangement or made any form of compromise with its creditors; or		
(iii) ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?		
7. Ever been convicted of a criminal offence by any court in Hong Kong or elsewhere (except for a minor offence <sup>6</sup> ) or is the subject of unresolved criminal charges in Hong Kong or elsewhere (except for a criminal charge in relation to a minor offence <sup>6</sup> )? (if Yes, please complete Supplemental Form S3)	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever 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"/>	<input type="checkbox"/>

<sup>5</sup> Business entity means a sole proprietorship, a partnership or a company

<sup>6</sup> "minor offence" means 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), or an offence of similar nature committed in a place outside Hong Kong.

**† Please tick the appropriate box.**

Version: October 2022



9. Ever been a controller, director or partner of another business entity in Hong Kong or elsewhere, which,
- (i) with the consent or connivance of, or because of the neglect or omission by it/he/she, failed to comply with any requirements under any law, or any rules, regulations, codes or guidelines made or issued under any laws, or any other regulatory requirements; or
  - (ii) has been convicted of a criminal offence (except for a minor offence<sup>†</sup>) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges in Hong Kong or elsewhere (except for a criminal charge in relation to a minor offence<sup>†</sup>); or
  - (iii) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?
10. Is the Applicant and/or its controller(s), director(s), sole proprietor or partner(s) currently the subject of any investigations, disciplinary or other proceedings conducted by any professional body established under any laws or regulatory authority in Hong Kong or elsewhere?

**If the answer is “Yes” to any of the questions in this Section, please complete and enclose the relevant supplemental form (e.g. Form S2, S3, or S4) 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, the Applicant’s role/involvement in the case/matter, and outcome and current status of the case/matter) with relevant supporting documents.**

- Attached – Supplemental Form S2 – Information on Bankruptcy, Liquidation or Similar Proceedings
- Attached – Supplemental Form S3 – Information on Criminal Record
- Attached – Supplemental Form S4 – Information on Disciplinary Action Record

## X. Other Information (Optional)

Please provide additional information, if any, that you consider relevant or material to this Application which has not been covered in the other sections of this application form and you would like to draw to the Insurance Authority’s attention.


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

**† Please tick the appropriate box.**



**XI. Contact Information**

Please provide the following details of an authorized person who is duly authorized to act on behalf of the Applicant on all matters relating to the Application. The Applicant will be held responsible for all submissions and representations made by this authorized person. This authorized person must be a senior member of the Applicant (e.g. sole proprietor/partner/controller/director/senior management).

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





**XII. Declaration by Applicant**

**The Declaration below must be signed by a director, a sole proprietor, a partner or the responsible officer of the Applicant who is authorized to sign this form on behalf of the Applicant.**

I/We, \_\_\_\_\_, hereby declare and confirm that:  
Name of Applicant

- The Board of Directors / the partners has passed a resolution to approve the Applicant to make this Application (where applicable).
- I am/We are applying for the renewal of an Insurance Agency Licence to carry on regulated activities in the same line(s) of business which I am/we are authorized to carry on as a licensed insurance intermediary as shown on the Insurance Authority’s Register of Licensed Insurance Intermediaries (“Register”) at the date of this Application.
- I am/We are appointed as an agent to carry on regulated activities in one or more lines of business by the authorized insurer(s) shown on the Register to be my authorized insurer(s) as at the date of this Application.
- All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE AND CORRECT.**
- I /We confirm that all information set out in the Register about me/us is **CORRECT.**
- I /We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the Insurance Ordinance (“IO”) and shall be liable on conviction to a fine at level 5 (i.e. HKD 50,000 at present) and an imprisonment for 6 months.
- 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 Application.
- I /We understand that if there are changes to any information contained in 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 the IA may make such enquiries and seek further information or documents as it thinks appropriate. I /We also understand that the IA may ask me/us to give written consent to enable it to assess my/our fitness and properness.
- I /We have read, understood and I/we agree to the attached Personal Information Collection Statement.
- I /We consent to the IA using any personal data the IA has collected under sections 120 and 121 of Schedule 11 to the IO, or I/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.
- I/We confirm that the information currently on the Register regarding (i) the line(s) of business which the Applicant is allowed to carry out and (ii) the Applicant’s appointing principal(s) are and remain to be correct. I/We confirm that I/we have the formal appointment from the appointing principal(s) to sell its/their insurance products of such respective line(s) of business.

Date: \_\_\_\_\_  
(DD/MM/YYYY)

Signature of authorized person: \_\_\_\_\_

Company Chop (if applicable):

Full Name of authorized person: \_\_\_\_\_

Designation: \_\_\_\_\_  
(Director/Sole Proprietor/  
Partner/Responsible Officer)

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



### XIII. Declaration by Appointing Principal

Please arrange for one of your appointing principals (i.e. Authorized Insurer) to complete the following section.

- We **CONFIRM** that the Applicant is duly appointed as our agent.
- 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				<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

\*\* This Application Form should be signed by its Director/Key Person in Intermediary Management Function/a person authorized by its Board of Directors.

We remind you that the Appointing Principal is responsible for verifying the information provided in this Application and any documents in connection with this Application.

† Please tick the appropriate box.

Version: October 2022

**XIV. Document Checklist**

Name of Insurance Agency:

---

Section	Documents / Attachments /Additional sheets, where applicable	Yes	No	N/A
I	Copy of Business Registration Certificate			
I	Copy of the latest Annual Return and any filings to the Companies Registry after the latest Annual Return  (only applicable to applicant which is a limited company)			
II	Description of the other Business of the Applicant			
II	How potential conflicts of interest are to be avoided or managed			
III	Form S1 – Information on Other Licence(s)			
VII	Group organizational chart			
IX	Fitness and Properness			
	Form S2 – Information on Bankruptcy, Liquidation or Similar Proceedings			
	Form S3 – Information on Criminal Record			
	Form S4 – Information on Disciplinary Action Record			
X	Other Information			

† Please tick the appropriate box.

Version: October 2022



## **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 principal (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.