

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

Name	
Insurance Intermediary Licence No. (if applicable)	

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.

Name		Position	
Email Address		Tel Number	

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

Name in English		Name in Chinese (if any)	
† Is the Proposed RO an Individual Licensee?	<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

† Does the proposed RO possess any one of the following qualifications?	<input type="checkbox"/> Yes (If Yes, please indicate the qualification(s) the proposed RO possesses.) <ul style="list-style-type: none"> <input type="checkbox"/> a bachelor degree from a recognized university or tertiary education institution <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"> <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 <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.)
Qualification	
Exemption	<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.

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	
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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.

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 possessed a minimum of 5 years’ experience in the insurance industry, including at least 2 years of management experience. Also, please submit reference letters to facilitate the processing of the application.

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

2.

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

3.

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

4.

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

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 by any court in Hong Kong or elsewhere or are you the subject of unresolved criminal charges 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 [#] 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 [#] ?	<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: -	<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 by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges 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

[#] Business entity means a sole proprietorship, a partnership, or a company.

(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. 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.

X. 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

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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.