**FORM A1**

[para. 2, Sch. 4]

**Particulars Required in Respect of Individuals who are Proposed to be Appointed as Key Persons in Control Functions within Meaning of Section 13AE(12) of Insurance Ordinance (Cap. 41)**

Name of Proposer \*..........................................................................................................

The following are particulars of—

#(a) †.........................................................................................................................

#(b) ‡...........................................................of which †…....………….....................

 ………............….......…………………... is a partner.

1. Family name Other names
................................................. .................................................................................
Any other name(s) by which you have been known or are known
..........................................................................................................................................

2. Private address.

3. Date of birth.
Place of birth (including town or city).

4. Nationality, including a statement as to whether it was acquired by birth or naturalization.

5. Qualifications and experience, including those relating to insurance and allied matters.

6. Present occupation or employment and occupations and employment during the last 10 years relating to the control functions (within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41)), including the name of the employer, the nature of the business, the position held and relevant dates.

7. Specify the kind of control functions (within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41)) that you will be responsible for. Will you be solely responsible or jointly responsible for the control functions with any other person or persons of the insurer? For the latter case, give particulars (including name, role and position) of the other key person or persons and describe in detail how you are jointly responsible for the control functions. (Note: Separate form is required for each joint key person in control functions.)

8. To whom are you reporting? Describe the reporting structure or reporting lines that you have in relation to people within the insurer, people at the head office of the insurer and people at the parent company of the insurer, as may be appropriate. Provide an organizational chart showing where you are in the management and governance structure, business and operational units of the insurer and your respective reporting lines.

9. Have you been convicted of any criminal offence (other than an offence committed more than 10 years ago when you were of or under the age of 16 years) by any court, including a military tribunal, in Hong Kong or elsewhere? If so, give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of the conviction.

10. If, in the last 10 years, you have been—

(a) refused or restricted from the right to carry on any trade, business or profession by any regulatory authority in Hong Kong or elsewhere;

(b) censured, disciplined or publicly criticized by any regulatory authority in Hong Kong or elsewhere; or

(c) the subject of an investigation conducted by any regulatory authority in Hong Kong or elsewhere,

give full particulars.

11. Have you, in the last 10 years, in Hong Kong or elsewhere, been censured, disciplined or publicly criticized by a professional body to which you belong or belonged, or been dismissed from any office or employment, or been refused entry to any profession or occupation? If so, give full particulars.

12. Have you been adjudicated bankrupt by a court in Hong Kong or elsewhere? If so, give full particulars.

13. Have you, in the last 10 years, failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court in Hong Kong or elsewhere? If so, give full particulars.

14. Have you, in connection with the formation or management of a body corporate or insurer, been adjudged by a court in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or other misconduct by you towards the body or insurer or towards any members of the body or insurer? If so, give full particulars.

15. Has any body corporate or insurer with which you were associated as key person in control functions (within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41)) in the last 10 years, in Hong Kong or elsewhere, been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it? If so, give full particulars.

16. Of what bodies corporate or insurers—

(a) are you now a key person in control functions (within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41))?

(b) have you been a key person in control functions (within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41)) during the last 10 years?

17. Have you had any other occupation other than that disclosed at paragraphs 6 and 16 above? If so, give full particulars.

18. In carrying out your duties, will you be acting on the directions or instructions of any other person? If so, give full particulars.

19. Any additional information that you consider to be relevant or material to this application.

 I certify that the above information is complete and correct to the best of my knowledge and belief.

Date ......................................

Signed ...............................................................
(Individual named in paragraph 1 above.)

 I certify that †...................................................................................................... has supplied the above information and that in respect of \*................................................... the individual is—

#(a) proposed to be appointed as a key person in control functions within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41) and is responsible for the performance of the #risk management function/ financial control function/ compliance function/ internal audit function/ actuarial function / intermediary management function;

#(b) a partner in ‡....................................................................................... which is proposed to be appointed as a key person in control functions within the meaning of section 13AE(12) of the Insurance Ordinance (Cap. 41) and is responsible for the performance of the #risk management function/ financial control function/ compliance function/ internal audit function/ actuarial function/ intermediary management function.

Date ..............................................

Signed .........................................................
(#Director/Secretary of the Authorized Insurer.)

\* Insert name of Authorized Insurer.
† Insert name of individual to whom particulars relate.
‡ Insert name of partnership.
# Delete as necessary.

**Insurance Authority (“IA”)**

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

This PICS is made by 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**

Your personal data are collected, used and held by the IA for one or more of the following purposes:

1. to administer and enforce the Insurance Ordinance (Cap. 41) (the “**Ordinance**”), regulations, rules, codes and guidelines made or promulgated pursuant to the powers vested in the IA (or its predecessor, the Office of the Commissioner of Insurance) and to carry out its functions as a regulator of the insurance industry, including:
2. to process any application under the Ordinance;
3. to assess and monitor your fitness and properness for appointment or to remain as controllers, directors, key persons in control functions and/or appointed actuaries (as the case may be) under the Ordinance;
4. to investigate complaints and handle enquiries;
5. to display personal information on the public registers (where applicable);

1. to conduct legal proceedings, inspection, investigation and/or other enforcement/disciplinary actions;
2. to co-operate with and assist financial services supervisory authorities of Hong Kong or of any place outside Hong Kong, whenever appropriate, to the extent permitted by the Ordinance;

1. for statistical purposes; and
2. any other purposes as permitted by law.

You are obliged to supply the data where a specified requirement has been imposed upon you under the laws and regulations, including the Ordinance and the Mandatory Provident Fund Schemes Ordinance (Cap. 485). Failure to provide the requested personal data may result in the IA being unable to perform its statutory functions under the Ordinance and/or other relevant laws.

**Transfer/Matching of Personal Data**

In performing the IA’s statutory functions under the relevant laws and regulations, your personal data held by the IA may, for the aforesaid purposes, be disclosed or transferred to third parties, including the relevant industry bodies (e.g. the Insurance Claims Complaints Bureau and The Hong Kong Federation of Insurers), the self-regulatory bodies approved by the IA (i.e. The Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association and the Insurance Agents Registration Board established under The Hong Kong Federation of Insurers), the relevant professional bodies (e.g. the Law Society of Hong Kong, the Hong Kong Bar Association, the Actuarial Society of Hong Kong and the Hong Kong Institute of Certified Public Accountants), the relevant courts, tribunals and committees and/or other local and/or overseas regulatory/government/judicial bodies as permitted or required under the law, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and other regulators (local/overseas), or persons engaged by the IA to assist it in the performance of its statutory functions.

Personal data may be used by the IA and/or disclosed by the IA to the above organizations/bodies for the purposes of verifying/matching[[1]](#footnote-1) those data.

**Access to Data**

Under the PDPO, you have the right to request access to, and to request the correction of, your personal data held by the IA. If you wish to request access to or correction of your personal data held by the IA, you may do so by filling in a “[Data Access Request Form](http://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf)”[[2]](#footnote-2) and sending it by post to the Personal Data Privacy Officer of the IA at 19/F., 41 Heung Yip Road, Wong Chuk Hang, Hong Kong. The IA has the right to charge a reasonable fee for processing any data access request.

**Enquiries**

Any enquiries regarding the personal data provided or requests for access to personal data or correction of personal data should be addressed in writing to the Personal Data Privacy Officer of the IA at the above address.

A copy of the IA’s Privacy Policy is made available at the IA’s website: [www.ia.org.hk](http://www.ia.org.hk)

**December 2017**

1. “matching procedure” is defined in section 2 of the PDPO. [↑](#footnote-ref-1)
2. A copy of the Data Access Request Form is available at: <http://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf> [↑](#footnote-ref-2)