

**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	Corresponding Appointing Principal
<input type="checkbox"/> Individual Insurance Agent Licence	Authorized Insurer
<input type="checkbox"/> Technical Representative (Agent) Licence	Licensed Insurance Agency
<input type="checkbox"/> Technical Representative (Broker) Licence	Licensed Insurance Broker Company

**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>				
Passport No.: _____				
† 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. (For receiving SMS)</b>		<b>Email Address (Please underline numeric characters)</b>
<b>Business Address</b>				
<b>Residential Address (Hotel, Student Hall, Non-HK address and PO box are not accepted)</b>				

† Please tick the appropriate box.

**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  
 Not Applicable (Reason: \_\_\_\_\_  
\_\_\_\_\_)

Position: \_\_\_\_\_

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 registration 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

† Please tick the appropriate box.

**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

**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.)*

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> ANZIIF (Snr Assoc) | <input type="checkbox"/> ANZIIF (Fellow)                | <input type="checkbox"/> ACII |
| <input type="checkbox"/> FCII               | <input type="checkbox"/> Chartered Financial Planner    | <input type="checkbox"/> CLU  |
| <input type="checkbox"/> CPCU               | <input type="checkbox"/> Hong Kong Diploma in Insurance | <input type="checkbox"/> FIAA |
| <input type="checkbox"/> FIA/FFA            | <input type="checkbox"/> Studies FLMI                   | <input type="checkbox"/> 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.
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† Please tick the appropriate box.

**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 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: (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 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?	<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

**(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.

† Please tick the appropriate box.

**VII. Appointing Principal(s)**

Name of Appointing Principal	Appointing Line of Business*	
1.	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel
2.	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel
3.	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel
4.	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel

\* 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

**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 propriety 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 propriety 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 propriety 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.