

**Application for Proposed Appointment of an Individual to be a Responsible Officer
of a Licensed Insurance Agency or Licensed Insurance Broker Company**

For Official Use						Date of Receipt			
D	E	N	C	S	F				
1 st Review		2 nd Review		Approved					

Please complete all items in BLOCK LETTERS. All amendments must be signed by the proposed Responsible Officer.

I. Particulars of Appointing Principal (Licensed Insurance Agency/Licensed Insurance Broker Company/Applicant for the relevant Licence)

Name in English	
Name in Chinese (if any)	
Insurance Intermediary Licence No. (if applicable)	

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

Name in English	Surname	First/Other Names	Name in Chinese (if any)
† Is the Proposed RO an Individual Licensee?	<input type="checkbox"/> Yes (If Yes, please indicate the licence type and the Insurance Intermediary Licence No.) <input type="checkbox"/> Individual Insurance Agent <input type="checkbox"/> Technical Representative (Agent) (“TR(A)”) <input type="checkbox"/> Technical Representative (Broker) (“TR(B)”)		
† Is the Proposed Responsible Officer currently a TR(A) or a TR(B) of the above-mentioned Appointing Principal?	<input type="checkbox"/> No (If No, please submit Form A1 – Application for Individual Licence.) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please advise whether the proposed RO will cease to be a Technical Representative of his/her existing Appointing Principal. <input type="checkbox"/> Yes <input type="checkbox"/> No)		

III. 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.) <input type="checkbox"/> a bachelor degree from a recognized university or tertiary education institution <input type="checkbox"/> † Insurance Qualification <i>(Please refer to the information published at the website of the Insurance Authority for details about the following qualification.)</i> <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 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> 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.

† Please tick the appropriate box.



IV. Proposed Duties and Responsibilities of Proposed RO

(If there is not enough space, please provide the required information on a separate sheet.)

Please describe the proposed duties and responsibilities of the proposed RO, including whether he/she will be responsible for managing the entire business in relation to any regulated activities of the Appointing Principal; or whether he/she will be responsible for managing particular lines of business only. If it is the latter case, please provide the estimated number of Technical Representatives under the direct supervision of the proposed RO.

V. Sufficient Authority, Resources, and Support

(If there is not enough space, please provide the required information on a separate sheet.)

Please advise and describe whether the proposed RO has sufficient authority from the Appointing Principal, and will be provided with sufficient resources and support, for discharging those responsibilities. Please also provide a copy of the Appointing Principal's organization chart showing the position of the proposed RO for reference.

VI. 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 of the proposed RO's work and management experience (including the period, name of employer, nature of business, job title, and number of staffs under his/her supervision). If the proposed RO has held a similar role under any financial regulatory regime, please provide the relevant details.
The proposed RO may submit reference letters to facilitate IA's processing of the Application. The contact details of the referees including name, contact number and e-mail address should be provided.

† Please tick the appropriate box.



VII. 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.



VIII. 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



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.