**Application for Change of Remittance Approach / Reporting Basis**

(minimum 2 months application in advance of the start date of the reporting relevant period is required)

|  |  |  |  |
| --- | --- | --- | --- |
| To | : | Insurance Authority (Attention: Finance Section) | By email1 or mail2 |
| From | : | Name of insurer (Company Registration no.) |
| Date | : | DD MM YY |

Please indicate your request/ choice by putting a “🗸” in the respective box:

|  |
| --- |
| [ ]  **Actual Remittance Approach – basis of reporting and remittance** |

|  |
| --- |
| Please indicate (put a “🗸” in the box) |
| [ ]  Accrual basis |
| [ ]  Cash basis |

**Or**

|  |
| --- |
| [ ]  **Alternative Remittance Approach (“ARA”)** |

1. Relevant period(s) to be covered (please put a “🗸” in the respective box)

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| --- |
| [ ]  1 January 2018 to 31 March 2018 |
| [ ]  1 April 2018 to 30 September 2018 | [ ]  1 October 2018 to 31 March 2019 |
| [ ]  1 April 2019 to 30 September 2019 | [ ]  1 October 2019 to 31 March 2020 |
| [ ]  1 April 2020 to 30 September 2020 | [ ]  1 October 2020 to 31 March 2021 |

1. Reason(s) for applying ARA (please put a “🗸” in the respective box)

|  |  |
| --- | --- |
| [ ]  | Needs more time to develop/ amend and/ or test the system on calculation and collection of levy; |
| [ ]  | Not proceed to develop/ amend system for the calculation and collection of levy for business reasons/ run-off business; |
| [ ]  | Any other reasons, please state below: |
|  |  |

Application:Approval:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature (with Name, Post & Date) |  | Signature (with Name, Post & Date) |
| Email: |  | Insurance Authority |
| Telephone: |  |  |

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