

## CPD Annual Return

### SECTION I – CPD DECLARATION FORMS OF REGISTERED PERSONS

I/We have distributed copies of CPD Declaration Form to all of my/our appointed Registered Persons ("RPs") [including insurance agents, Responsible Officers ("ROs") or Technical Representatives ("TRs")] or requested my/our appointed RPs to download CPD Declaration Form from the HKFI's website: [www.hkfi.org.hk/en\\_download.htm](http://www.hkfi.org.hk/en_download.htm).

- A. For reporting insurance agent only  
I/We shall ensure that all my/our appointed TRs complete and return the originally signed CPD Declaration Forms to me/us.
- B. For reporting Insurer only  
We shall ensure that:
  1. All our appointed insurance agents and ROs who have appointed us as the Insurer responsible for reporting their CPD compliance complete and return the originally signed CPD Declaration Forms to us; and
  2. All our appointed insurance agents and ROs who have not appointed us as the Insurer responsible for reporting their CPD compliance provide us with photocopies of the signed CPD Declaration Forms.

The compliance status of my/our appointed RPs is summarized as follows:

A.	Total number of RPs who reported Compliance Code "Y"	
B.	Total number of RPs who reported Compliance Code "N/A"	
C.	Total number of RPs who reported Compliance Code "N-1"	
D.	Total number of RPs who reported Compliance Code "N-2"	
E.	Total number of RPs who reported Compliance Code "N-3"	

### SECTION II – DECLARATION OF REPORTING INSURANCE AGENT/INSURER

I/We attach herewith the completed CPD4000a and/or CPD4000b list(s) and those CPD Declaration Forms which have indicated **CPD non-compliance only** (i.e. those reported Compliance Code "N-1").

I/We understand that I/we should keep records and maintain copies of all of the completed CPD Declaration Forms for at least a period of 3 years for future reference.

I/We declare that to the best of my/our knowledge and belief the information given in this CPD Annual Return is **FULL, COMPLETE AND TRUE.**

Signature of insurance agent/ Authorized Representative/ Responsible Officer

: \_\_\_\_\_

Name of insurance agent/ Authorized Representative/ Responsible Officer

: \_\_\_\_\_

Name of reporting Insurance Agency/Insurer and company chop

: \_\_\_\_\_

Date

: \_\_\_\_\_