

## CPD Declaration Form

### A. PARTICULARS OF REGISTERED PERSON

1. Name in English : \_\_\_\_\_
2. Name in Chinese (if any) : \_\_\_\_\_
3. HKID Card : \_\_\_\_\_
4. Registration Number : \_\_\_\_\_

### B. PARTICULARS OF APPOINTING INSURANCE AGENT/ INSURER(S)

1. Name of appointing insurance agent/ Insurer responsible for reporting my CPD compliance:  
\_\_\_\_\_
2. Name of other appointing Insurer(s), if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. CPD HOURS

1. I am a new Registered Person and opt to report CPD compliance by next assessment date. i.e. 31 July 20\_\_\_\_ Yes  / No   
(If "Yes", please proceed to section D)
2. This CPD Declaration Form covers the assessment period from \_\_\_\_\_ up to 31 July 20\_\_\_\_
3. Within the assessment period specified in C2:

No. of  
months

i Total number of months registered with IARB (i)

ii I have been registered as the Chief Executive/Technical Representative of an insurance broker, details are as follows:

Period of Registration (dd/mm/yy)	a. with CIB	/ /	to	/ /	(ii)a
	b. with PIBA	/ /	to	/ /	(ii)b
	c. with OCI	/ /	to	/ /	(ii)c

Total number of months to report CPD compliance[(i)+(ii)a+(ii)b+(ii)c]:

4. I hereby declare that I have earned the required CPD hours during the assessment period specified in C2. Yes  / No

Details of the CPD activities:

Date	Title of Activity with accreditation code (if any)	No. of CPD Hours Earned
	<b>Total:</b>	

5. If answer to question number 4 is "No", please provide details of non-compliance below.

a. Reason(s) for non-compliance:

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b. No. of outstanding CPD hours: \_\_\_\_.

**D. DECLARATION**

1. I declare that to the best of my knowledge and belief the information given in this CPD Declaration Form is **FULL, COMPLETE AND TRUE**.
2. I understand that the personal data supplied by me will be used by the IARB for the purposes of performing its functions and, in particular, the registration, monitoring, inspection and investigation. I further understand my rights and obligations in relation to the supply of my personal data to the IARB and the manner in which the IARB may use or deal with the data.
3. I agree and authorize the IARB to match, compare, transfer or exchange the data provided by me with data held by, or obtained from (including but not limited to) the following parties:
  - (a) The Insurance Authority;
  - (b) The Hong Kong Confederation of Insurance Brokers;
  - (c) The Professional Insurance Brokers Association Limited;
  - (d) The Hong Kong Monetary Authority;
  - (e) The Securities and Futures Commission;

- (f) The Mandatory Provident Fund Schemes Authority;
  - (g) Relevant CPD activity organizers; and
  - (h) Any other bodies which are relevant to the checking of the CPD requirements.
4. I undertake to inform my appointing insurance agent/ Insurer(s) and the IARB as soon as possible in case I have changed my residential address.
  5. I undertake to provide a signed copy of this CPD Declaration Form to all other appointing insurer(s) named in B2 of this CPD Declaration Form.
  6. I understand that I have to retain proof of compliance with CPD requirements (including CPD Declaration Forms and evidence/record of attendance) for at least a period of 3 years from the assessment date.
  7. I understand that I have to produce copies of proof of compliance with CPD requirements (including CPD Declaration Forms and evidence/record of attendance) as and when required by the IARB for random check.
  8. I understand the consequences of non-compliance stipulated in paragraph 7 of revised GN7 and paragraphs (k) and (l) of revised GN8 issued by the IARB.

Signature of Registered Person : \_\_\_\_\_

Date : \_\_\_\_\_