

**Appendix B3 Declarations on personal data by the Directors of the Applicant
named in Part VI of the Application Form B**

附錄 B3 申請者於登記表格 B 第 VI 部分所提及的董事的個人資料聲明

Page _____

第 _____ 頁

Name of the Applicant : _____

申請者商號

B.R. No. : _____

商業登記號碼

Name of Director : _____
董事姓名

HK ID Card/Passport No. : _____
香港身分證/護照號碼

Personal Data

個人資料

1. I acknowledge and agree that the personal data concerning myself ("Personal Data") provided or disclosed to the Insurance Agents Registration Board ("IARB") may be used and retained by the IARB for the purposes of administering the Code of Practice for the Administration of Insurance Agents (the "Code"), including registration, monitoring, inspection, investigation or maintaining the register kept under clause 37 of the Code.
本人知悉並同意本人提供予委員會之所有個人資料(下稱「個人資料」)，保險代理登記委員會(下稱「委員會」)均可取用及保留作執行《保險代理管理守則》(下稱《守則》)之用，包括登記、監察、檢查、調查或更新根據《守則》第 37 條所保存的有關登記冊。
2. I hereby authorize the IARB to conduct reference check with the relevant parties against the documents that we have provided.
本人茲授權委員會與有關人士核實本人提交之文件。
3. I acknowledge and agree that certain information such as my name, the date of registration with the IARB, the names of my Appointing Insurer(s) and/or my Appointing Insurance Agent(s) and its/their Appointing Insurer(s), and the Line of Insurance Intermediary Business that I am eligible to carry on, will be published in the register for public inspection.
本人知悉並同意部分有關本人之資料，包括：姓名、獲委員會登記日期、委任保險公司之商號及/或委任保險代理之商號及其委任保險公司之商號、可從事之保險中介人業務範圍等，日後會見於登記冊上供公眾查閱。
4. I further agree and hereby authorize the IARB to disclose and transfer my Personal Data contained in this form, any available information about us and any disciplinary action taken by the IARB against us, to the Insurance Authority, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Hong Kong Monetary Authority, the Securities and Futures Commission, the Mandatory Provident Fund Schemes Authority, any law enforcement body or regulatory authority in Hong Kong or other jurisdictions and relevant insurance company(ies) or insurance agent(s).
本人亦同意授權委員會向保險業監督、香港保險顧問聯會、專業保險經紀協會、香港金融管理局、證券及期貨事務監察委員會、強制性公積金計劃管理局、所有香港或其他司法管轄區的執法機關或監管局、有關保險公司或有關保險代理披露及轉移此申請表格內所載有關本人之個人資料、有關本人之其他資料及委員會對本人採取的紀律處分。
5. I understand that I have the right to obtain access, at a fee, to and request correction of any Personal Data held by the IARB and that such requests should be made to the Secretary of the IARB at its registered office.
本人明白本人有權在支付費用下查閱及要求修改委員會持有有關本人之個人資料，而有關申請應呈遞委員會之註冊地址委員會秘書收。

Date
日期

Signature
簽署