

## 申請登記確認通知書 — 個人代理

### APPLICATION FOR CONFIRMATION OF REGISTRATION – INDIVIDUAL AGENT

所有申請人必須小心閱讀並親自填寫及簽署此部分。

1. 本人 \_\_\_\_\_  
現申請成為下列保險公司之保險代理：
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
  - iv. \_\_\_\_\_
2. 本人明白本人之申請必須經「保險代理登記委員會」（「委員會」）批准，又除非獲委員會用以下「登記確認通知書」確認有關登記，否則申請不會生效。
3. 本人明白本人不可於以下「登記確認通知書」所列的日期前為上述保險公司擔任保險代理之角色或處理任何保險中介人業務，否則本人有可能違反《保險公司條例》第 X 部，以及可能會因觸犯有關條例第 77 條所述的罪行而遭刑事檢控。

**All applicants must carefully read, complete and sign this section by themselves.**

1. I, \_\_\_\_\_,  
am applying to be an Insurance Agent of the following insurance company(ies):
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
  - iv. \_\_\_\_\_
2. I understand that my application is subject to the approval of the Insurance Agents Registration Board (IARB) and will not be effective until confirmed by the IARB through the Notice below.
3. I understand that I shall not assume the role of an Insurance Agent or transact any insurance intermediary business for or on behalf of the above insurance company(ies) before the date specified in the Notice below by the IARB. Otherwise, I may be in breach of Part X of the Insurance Companies Ordinance and may be subject to criminal prosecution for an offence under section 77 of the Ordinance.

申請人必須填妥本頁左下角之「回郵地址」。

**Applicant must complete the "Return Mail Address" in the left-hand bottom corner on this page.**

日期 Date:

簽署 Signature:

### 登記確認通知書

#### Notice of Confirmation of Registration

##### 委員會專用

茲確認上述申請人已於 \_\_\_\_\_ 獲登記為上述保險公司之保險代理。有關登記會於保險代理合約終止或有關保險公司停止委任申請人，或登記有效期屆滿後被刪除。

本通知書只可作確認保險公司與委任保險代理之登記生效日期之用，不可作其他用途。

##### For IARB Use Only

This is to confirm that the above applicant has been registered as an Insurance Agent of the insurance company(ies) above on \_\_\_\_\_. This/These registration(s) shall be cancelled upon termination of the agency contract or cessation of appointment between the relevant insurance company(ies) and the applicant, or expiration of registration.

**This Notice only serves as a confirmation of the commencement date of the registration between an insurance company and an appointed Insurance Agent. It should not be used for any other purpose.**

回郵地址（必須與 Form A 填寫之住址相同）

**Return Mail Address** (should be same as the residential address stated on Form A)

姓名  
Name: \_\_\_\_\_

住址  
Home  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

委員會蓋章 IARB's Chop: