

申請登記確認通知書 – 保險代理商之負責人
APPLICATION FOR CONFIRMATION OF REGISTRATION –
RESPONSIBLE OFFICER OF INSURANCE AGENCY

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代理商之負責人：

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代理商擔任負責人之角色或處理任何保險中介人業務，否則可能影響本人符合負責人的適當人選準則。

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

1. I, _____,
am applying to be the Responsible Officer of the following Insurance Agency:

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 the Responsible Officer or transact any insurance intermediary business for or on behalf of the above Insurance Agency before the date specified in the Notice below by the IARB. Otherwise, it may affect my fitness and properness as a Responsible Officer.

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 _____ 獲登記為上述保險代理商之負責人。有關登記會於有關保險代理商停止僱用/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代理商與委任負責人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 the Responsible Officer of the Insurance Agency above on _____. This registration shall be cancelled upon cessation of employment/appointment between the relevant Insurance Agency above and the applicant, or expiration of registration.

This Notice only serves as a confirmation of the commencement date of the registration between an Insurance Agency and an appointed Responsible Officer. It should not be used for any other purpose.

回郵地址 (必須與 Form C 填寫之住址相同)

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

姓名
Name: _____

住址
Home
Address: _____

委員會蓋章 IARB's Chop: