

INSURANCE AGENTS REGISTRATION BOARD
APPLICATION FOR REGISTRATION – INSURANCE AGENCY

** Must be completed. ** Please tick where appropriate.*
All amendments must be signed by Responsible Officer

For Official Use
Received on: _____
Job _____
Number: _____

I. * Name of the Insurer responsible for submitting this Application Form (If any amendment is required, this form will be returned to the Insurer named below)

II. Particulars of Applicant							
* BR No. (First 8 digits only)							
* Name in English							
* Name in Chinese (if any)							
* Business Nature	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company/Body Corporate				
* Address							
*Telephone No.		*Mobile No.		Fax No.		E-mail Address	

III. ** Particulars of New Registration							
A.	<input type="checkbox"/>	This is the first application of the Applicant. Details of the Applicant's Responsible Officer are available in Form C enclosed.					
B1.	<input type="checkbox"/>	This is to register the Applicant to be an Insurance Agency of the following Appointing Insurer(s):					
		Name(s) of Insurer(s)		Line(s) of Insurance Business engaged			
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
B2.	<input type="checkbox"/>	This is to register the Applicant to be an Insurance Agency of another Insurance Agent (the Appointing Insurance Agent), _____, BR/ID No. _____, which is currently registered with the following Appointing Insurer(s):					
		Name(s) of Insurer(s)		Line(s) of Insurance Business engaged			
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
		<input type="checkbox"/>	Restricted Scope Travel	<input type="checkbox"/>	General	<input type="checkbox"/>	Long Term (excluding Linked Long Term) or <input type="checkbox"/> Long Term (including Linked Long Term)
C.	<input type="checkbox"/>	This is to appoint a NEW Responsible Officer to REPLACE the old one. Details of the NEW Responsible Officer are available in Form C enclosed.					

*Must be completed. ** Please tick where appropriate.

IV. ** Current Registration Status of Applicant

A. The applicant is **NOT** currently a registered Insurance Agency. Details of the Applicant's Responsible Officer are available in Form C enclosed.

B1. The Applicant is currently registered as an Insurance Agency of the following Appointing Insurer(s):

Name(s) of Insurer(s)	Line(s) of Insurance Business engaged			
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)

B2. This is to register the Applicant to be an Insurance Agency of another Insurance Agent (the Appointing Insurance Agent), _____, BR/ID No. _____, which is currently registered with the following Appointing Insurer(s):

Name(s) of Insurer(s)	Line(s) of Insurance Business engaged			
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> Restricted Scope Travel	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term)	or <input type="checkbox"/> Long Term (including Linked Long Term)

V. * Particulars of the Responsible Officer of the Applicant

HK ID Card No.

Name in English

Name in Chinese (if any)

VI. * Personal identity of Proprietor, Partners or Directors

Those who intend to transact insurance intermediary business must apply for registration separately. Listing information under this section does not imply making an application for registration.

Name(s)	HK ID Card No./Passport No.	Capacity (Please put down Proprietor for Sole Proprietor; Partner for Partnership and Director for Limited Company/Body Corporate)

VII. ** Appendices

- We have appointed a total of ____ company(ies) and/or ____ person(s) as our agent(s). Their declaration(s) required under Appendix B1 are attached herewith.
- Other than the address on the Application Form, we have ____ other business addresses which are listed under Appendix B2.
- Declarations on personal data by all the Directors named in Part VI above are attached herewith (Appendix B3).
- No appendix.

VIII. Declaration by the Appointing Insurance Agent named in sections III (B2) and IV (B2)

I/We **HEREBY CONFIRM** that the afore-named Applicant is appointed to act for me/us with the approval of my/our Appointing Insurer(s). I/We **ALSO CONFIRM** that the Applicant meets **ALL** the requirements stipulated in the Code of Practice for the Administration of Insurance Agents (the "Code").

_____ Date

_____ Authorized Signature and Company Chop

IX. ** Declaration by the Applicant

- 1. Has our Proprietor, any of our Controllers, Partners or Directors ever been convicted of any criminal offence in Hong Kong or elsewhere, including any conviction which is considered spent under the provisions of the Rehabilitation of Offenders Ordinance (Chapter 297, Laws of Hong Kong) in Hong Kong or elsewhere? [Spent conviction(s) is/are required to be reported.] YES NO
- 2. Has our Proprietor, any of our Controllers, Partners or Directors ever been declared bankrupt in Hong Kong or elsewhere? YES NO
- 3. Has our Proprietor, any of our Controllers, Partners or Directors ever been a controller, a director, a company secretary or a senior manager of a corporation that has become insolvent in Hong Kong or elsewhere? YES NO
- 4. Has our Proprietor, any of our Controllers, Partners or Directors ever been found guilty of misconduct in a profession, trade or industry to which he belongs or has belonged? YES NO
- 5. Has our Proprietor, any of our Controllers, Partners or Directors ever been subject to any order of the court or other competent authority in Hong Kong or elsewhere for fraud, dishonesty or misfeasance? YES NO

(If your answer to any one or more of the above five questions is/are YES, please tick the appropriate box below and enclose the required document(s) when submitting this application:)

- 6. The Insurance Agents Registration Board (the "IARB") had already reviewed our fitness and properness in these circumstances and we are now permitted to apply for registration.
- We have served the disciplinary action against us resolved by the IARB.
- The IARB has never reviewed our fitness and properness in these circumstances. In order for the IARB to consider our application, we enclose:
 - i. details of the incident;
 - ii. copies of court judgment/winding-up petition/bankruptcy order/Official Receiver report/receiving order/judgment of the professional body concerned, etc.; and
 - iii. recommendation letter(s) from the Authorized Representative(s) of our Appointing Insurer(s).
- 7. We have read the Code. We undertake to the IARB that we shall comply with the requirements of the Code applicable to Insurance Agents and submit to the jurisdiction of the IARB accordingly.
- 8. We understand that the Appointing Insurer(s) cannot appoint us as its/their Insurance Agency unless we become and remain registered as an Insurance Agency pursuant to this application and that in relation to our appointment, the Appointing Insurer(s) is/are bound to observe the requirements of the Code.
- 9. We undertake to notify the IARB of any change in the material circumstances of our fitness and properness to continue acting as an Insurance Agent pursuant to Part E of the Code.
- 10. We understand that we have continual responsibility to notify the IARB of any changes concerning our Proprietor, Controllers, Directors, Partners, Responsible Officer and Technical Representatives.
- 11. We understand and recognize the various possible consequences to us of any relevant disciplinary action which may be taken under the Code. In particular we recognize that, if the disciplinary action takes the form of termination of our agency agreement with the Appointing Insurer(s), the IARB will take further action as specified in Part D of the Code, and that no Insurer in Hong Kong will be permitted to appoint us as its Insurance Agency for a specified period as determined by the IARB.
- 12. We hereby declare that we have complied with Section 65 of the Insurance Companies Ordinance and undertake to ensure its full and continued compliance in future.
- 13. We hereby declare that all the information in this application is **FULL, COMPLETE AND TRUE**. We understand and accept that the IARB may revoke the registration if it comes to the knowledge of the IARB that we have obtained registration by any incorrect statement or misrepresentation or fraudulent means.

Personal Data

- 14. We acknowledge and agree that the personal data concerning us ("Personal Data") provided or disclosed to the IARB may be used and retained by the IARB for the purposes of administering the Code, including registration, monitoring, inspection, investigation or maintaining the register kept under clause 42 of the Code.
- 15. We hereby authorize the IARB to conduct reference check with the relevant parties against the documents that we have provided.
- 16. We acknowledge and agree that certain information such as our name, the date of registration with the IARB, the names of our Appointing Insurer(s) and/or our Appointing Insurance Agent(s) and its/their Appointing Insurer(s), and the Line of Insurance Intermediary Business that we are eligible to carry on, will be published in the register for public inspection.
- 17. We further agree and hereby authorize the IARB to disclose and transfer our 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, the Travel Agents Registry, the Travel Industry Council of Hong Kong, any law enforcement body or regulatory authority in Hong Kong or other jurisdictions and relevant insurance company(ies) or insurance agent(s).
- 18. We understand that we have the right to obtain access 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 a fee, at its registered office.

_____ Date

_____ Authorized Signature and Company Chop

X. Declaration by the NEW Appointing Insurer(s) named in sections III (B1) and III (B2)

1. We **HEREBY CONFIRM** that the afore-named Applicant is appointed to represent our Company as an Insurance Agency subject to the IARB's confirmation. We **ALSO CONFIRM** that the Applicant meets **ALL** the requirements stipulated in the Code. We **AGREE** that in case of dispute of responsibility for the act of the Applicant, the procedures for handling complaints stipulated in the Code shall be followed.
2. We understand that the information contained in this form is **FULL, COMPLETE AND TRUE** to the best of our knowledge.

Name(s) of Insurer(s)	Authorized Signature(s) of the Insurer(s) and Company Chop

XI. Declaration by the CURRENT Appointing Insurer(s) named in sections IV (B1) and IV (B2)

We hereby give our **CONSENT** to the Applicant to accept the appointment by the NEW Appointing Insurer(s) named in Part X. We **AGREE** that in case of dispute of responsibility for the act of the Applicant, the procedures for handling complaints stipulated in the Code shall be followed.

Name(s) of Insurer(s)	Authorized Signature(s) of the Insurer(s) and Company Chop

申請登記確認通知書 – 保險代理商

APPLICATION FOR CONFIRMATION OF REGISTRATION – INSURANCE AGENCY

所有申請者必須小心閱讀並親自填寫及簽署此部分。

1. 本公司_____現申請成為下列保險公司之保險代理商：
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
2. 本公司明白此申請必須經「保險代理登記委員會」（「委員會」）批准以及直至獲委員會用以下「登記確認通知書」確認有關登記才生效。
3. 本公司明白不可於以下「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商之角色或處理任何保險中介人業務，否則本公司有可能違反《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. We, _____, are applying to be an Insurance Agency of the following insurance company(ies):
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
2. We understand that our 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. We understand that we shall not assume the role of an Insurance Agency 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, we 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.

申請者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:

簽署及蓋章 Signature & Chop:

登記確認通知書

Notice of Confirmation of Registration

委員會專用

茲確認上述申請者已於_____獲登記為上述保險公司之保險代理商。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者，或登記有效期屆滿後被刪除。

For IARB Use Only

This is to confirm that the above applicant has been registered as an Insurance Agency 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.

本通知書只可作確認保險公司與被委任的保險代理商之登記生效日期之用，不可作其他用途。

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

回郵地址（必須與表格 B 填寫之地址相同）

Return Mail Address (must be same as the address stated on Form B)

商號

Name: _____

地址

Address: _____

委員會蓋章 IARB's Chop:

INSURANCE AGENTS REGISTRATION BOARD

APPLICATION FOR REGISTRATION –

RESPONSIBLE OFFICER OF INSURANCE AGENCY

*** Must be completed.**

**** Please tick where appropriate. All amendments must be signed by Applicant.**

For Official Use

I. Name of the Appointing Insurance Agency
(If any amendment is required, this form will be returned to the Insurer named in Part I of the accompanied FORM B)

Received on: _____		
Job Number: _____		
	CE	TR
IA	<input type="checkbox"/>	<input type="checkbox"/>
PIBA	<input type="checkbox"/>	<input type="checkbox"/>
CIB	<input type="checkbox"/>	<input type="checkbox"/>

BR No. _____

II. Particulars of Applicant

* HK ID Card No.						
* Name in English						
* Name in Chinese (if any)						
* Residential Address						
* Day time Telephone No.		* Mobile No.		Fax No.		E-mail address
** Qualification				** Certified true copies of relevant documents		Submitted previously
<input type="checkbox"/> Aged 18 or above; and				<input type="checkbox"/> HK ID Card		<input type="checkbox"/>
<input type="checkbox"/> HK Permanent Resident; or				<input type="checkbox"/> HK ID Card and Relevant page(s) of passport		<input type="checkbox"/>
<input type="checkbox"/> HK Resident whose employment visa conditions, if any, do not restrict him from acting as an insurance agent; and				<input type="checkbox"/> Certificate or academic report issued by a secondary school showing that the Applicant has completed education to a level of F.5		<input type="checkbox"/>
<input type="checkbox"/> Completed F.5 or equivalent or above; or				<input type="checkbox"/> Proof of relevant experience acquired		<input type="checkbox"/>
<input type="checkbox"/> Engaged in the insurance intermediary business in Hong Kong immediately before 1 January 2000 and has not since ceased to be engaged in insurance-related work in Hong Kong for 2 consecutive years; and				<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
<input type="checkbox"/> Insurance Intermediaries Qualifying Examination (the "IIQE")	<input type="checkbox"/> (I) Principles & Practice of Insurance			<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
	<input type="checkbox"/> (II) General Insurance			<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
	<input type="checkbox"/> (III) Long Term Insurance			<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
	<input type="checkbox"/> (V) Investment-Linked Long Term Insurance; or			<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
	<input type="checkbox"/> (VI) Travel Insurance Agents			<input type="checkbox"/> Proof of examination passed		<input type="checkbox"/>
<input type="checkbox"/> Have fulfilled the requirements stipulated in clause 64(a) of the Code of Practice for the Administration of Insurance Agents (the "Code") and shall be exempted from Papers I, II, III and VI as appropriate of the IIQE.				<input type="checkbox"/> Proof of relevant experience or relevant certificate		<input type="checkbox"/>
<input type="checkbox"/> Acquired recognized professional qualification [see clauses 64(b) & 66(b) of the Code] and shall be exempted from Papers I, II, III, V and VI as appropriate of the IIQE.				<input type="checkbox"/> Relevant certificate		<input type="checkbox"/>

Insurance-related working experience in Hong Kong for the last two years (Proof of experience enclosed)			Attach Photo here
Name(s) of Employer(s)/Appointing Insurer(s)	Position	Period	

III. ** Declaration by the Applicant

- 1. Have I ever been convicted of any criminal offence in Hong Kong or elsewhere, including any conviction which is considered spent under the provisions of the Rehabilitation of Offenders Ordinance (Chapter 297, Laws of Hong Kong) in Hong Kong or elsewhere? [Spent conviction(s) is/are required to be reported.] YES NO
- 2. Have I ever been declared bankrupt in Hong Kong or elsewhere? YES NO
- 3. Have I ever been a controller, a director, a company secretary or a senior manager of a corporation that has become insolvent in Hong Kong or elsewhere? YES NO
- 4. Have I ever been found guilty of misconduct in a profession, trade or industry to which I belong or have belonged? YES NO
- 5. Have I ever been subject to any order of the court or other competent authority in Hong Kong or elsewhere for fraud, dishonesty or misfeasance? YES NO

(If your answer to any one or more of the above five questions is/are YES, please tick the appropriate box below and enclose the required document(s) when submitting this application:)

- 6. The Insurance Agents Registration Board (the "IARB") had already reviewed my fitness and properness in these circumstances and I am now permitted to apply for registration.
- I have served the disciplinary action against me resolved by the IARB.
- The IARB has never reviewed my fitness and properness in these circumstances. In order for the IARB to consider my application, I enclose:
 - i. details of the incident;
 - ii. copies of court judgment/bankruptcy order/Official Receiver report/judgment of the professional body concerned, etc.;
 - iii. recommendation letter(s) from the Authorized Representative(s) of my Appointing Insurance Agent; and
 - iv. records of my working experience for the last 5 years.
- 7. I have read the Code. I undertake to the IARB that I shall comply with the requirements of the Code applicable to Insurance Agents and submit to the jurisdiction of the IARB accordingly.
- 8. I understand that the Appointing Insurance Agency cannot appoint me as its Responsible Officer unless I become and remain registered as a Responsible Officer pursuant to this application and that in relation to my appointment, the Appointing Insurance Agency is bound to observe the requirements of the Code.
- 9. I undertake to notify the IARB of any change in the material circumstances of my fitness and properness to continue acting as a Responsible Officer of the Appointing Insurance Agency pursuant to Part E of the Code.
- 10. I understand and recognize the various possible consequences to me of any relevant disciplinary action which may be taken under the Code. In particular I recognize that, if the disciplinary action takes the form of the termination of my appointment agreement with the Appointing Insurance Agent, the IARB will take further action specified in Part D of the Code, and that no Insurer or Insurance Agent in Hong Kong will be permitted to appoint me as an Individual Agent, Responsible Officer or Technical Representative for a specified period as determined by the IARB.
- 11. I hereby declare that I have complied with Section 65 of the Insurance Companies Ordinance and undertake to ensure its full and continued compliance in future.
- 12. I hereby declare that all the information in this application is **FULL, COMPLETE AND TRUE**. I understand and accept that the IARB may revoke the registration if it comes to the knowledge of the IARB that I have obtained registration by any incorrect statement or misrepresentation or fraudulent means.

Personal Data

- 13. I acknowledge and agree that any personal data concerning myself ("Personal Data") provided or disclosed to the IARB may be used and retained by the IARB for the purposes of administering the Code, including registration, monitoring, inspection, investigation or maintaining the register kept under clause 42 of the Code.
- 14. I hereby authorize the IARB to conduct reference check with the relevant parties against the documents that I have provided.
- 15. I acknowledge and agree that certain information such as my name, the date of registration with the IARB, the names of my Appointing Insurance Agency 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.
- 16. I further agree and hereby authorize the IARB to disclose and transfer my Personal Data contained in this form, any available information about me and any disciplinary action taken by the IARB against me, 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, the Travel Agents Registry, the Travel Industry Council of Hong Kong, any law enforcement body or regulatory authority in Hong Kong or other jurisdictions and relevant insurance company(ies) or insurance agent(s).
- 17. 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.

Date

Signature

IV. Declaration by the Appointing Insurance Agency

- 1. We **HEREBY CONFIRM** that the afore-named Applicant is appointed to represent our Insurance Agency as Responsible Officer subject to the IARB's confirmation. We **ALSO CONFIRM** that the Applicant meets **ALL** the requirements stipulated in the Code. We **AGREE** that in case of dispute of responsibility for the act of the Applicant, the procedures for handling complaints stipulated in the Code shall be followed.
- 2. We understand that the information contained in this form is **FULL, COMPLETE AND TRUE** to the best of our knowledge.

Date

Authorized Signature and Company Chop

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. 本人明白此申請必須經「保險代理登記委員會」（「委員會」）批准以及直至獲委員會用以下「登記確認通知書」確認有關登記才生效。
3. 本人明白不可於以下「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。

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.

本通知書只可作確認保險代理商與被委任的負責人之登記生效日期之用，不可作其他用途。

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（必須與表格 C 填寫之住址相同）

Return Mail Address (must 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:

Appendix B1 Declaration by Insurance Agency/ Agent appointed by the Applicant
附錄 B1 申請者已委任的保險代理商/代理人聲明

Page _____
 第 _____ 頁

Name of the Applicant : _____
 申請者商號

B.R. No. : _____
 商業登記號碼

Name of Insurance Agency/ Agent : _____
 保險代理商商號/代理人姓名

B.R./HK ID No. : _____
 商業登記證/香港身分證號碼

We/I have no other representation.
 本公司/本人並無代表其他保險公司。

We are/I am representing the following insurer(s):
 本公司/本人現時代表下列的保險公司：

Name(s) of Insurer(s) 保險公司商號	Line(s) of Insurance Business engaged 所從事的保險業務範圍			
	<input type="checkbox"/> Restricted Scope Travel 受限制的旅遊保險	<input type="checkbox"/> General 一般保險	<input type="checkbox"/> Long Term (excluding Linked Long Term) 長期保險(不包括相連長期保險)	or <input type="checkbox"/> Long Term (including Linked Long Term) 長期保險(包括相連長期保險)
	<input type="checkbox"/> Restricted Scope Travel 受限制的旅遊保險	<input type="checkbox"/> General 一般保險	<input type="checkbox"/> Long Term (excluding Linked Long Term) 長期保險(不包括相連長期保險)	or <input type="checkbox"/> Long Term (including Linked Long Term) 長期保險(包括相連長期保險)
	<input type="checkbox"/> Restricted Scope Travel 受限制的旅遊保險	<input type="checkbox"/> General 一般保險	<input type="checkbox"/> Long Term (excluding Linked Long Term) 長期保險(不包括相連長期保險)	or <input type="checkbox"/> Long Term (including Linked Long Term) 長期保險(包括相連長期保險)
	<input type="checkbox"/> Restricted Scope Travel 受限制的旅遊保險	<input type="checkbox"/> General 一般保險	<input type="checkbox"/> Long Term (excluding Linked Long Term) 長期保險(不包括相連長期保險)	or <input type="checkbox"/> Long Term (including Linked Long Term) 長期保險(包括相連長期保險)

We/I have obtained the prior consent from the above insurer(s) to also represent the Appointing Insurer of the Applicant.
 本公司/本人已獲得上述保險公司之事先同意，同時代表申請人的委任保險公司。

We/I declare that the above is true and correct.
 本公司/本人聲明上述各項資料均屬正確無誤。

 Date
 日期

 Authorized Signature and Company Chop
 獲授權簽署及公司蓋章

Note: Please tick as appropriate and delete if not applicable

注意：請在適用方格內填上「√」及將不適用者刪除。

Appendix B2 Details of place(s) of business of the Applicant other than the address stated in Section II of the Application Form B

附錄 B2 申請者除於登記表格 B 第 II 部分所填的地址外之其他營業地址

Page _____

第 _____ 頁

Name of the Applicant : _____

申請者商號

B.R. No. : _____

商業登記號碼

Address 地址	Telephone No. 電話號碼	Fax No. 傳真號碼

Date
日期

Authorized Signature and Company Chop
獲授權簽署及公司蓋章

**Appendix B3 Declarations on personal data by the Directors of the Applicant
named in Section 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 42 of the Code.

本人確認並同意本人提供或披露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 42 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 I 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.

本人確認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 me and any disciplinary action taken by the IARB against me, 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, the Travel Agents Registry, the Travel Industry Council of Hong Kong, any law enforcement body or regulatory authority in Hong Kong or other jurisdictions and relevant insurance company(ies) or insurance agent(s).

本人亦同意及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、旅行代理商註冊處、香港旅遊業議會、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移轉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

November 2010

2010 年 11 月