

INSURANCE AGENTS REGISTRATION BOARD
APPLICATION FOR REGISTRATION – INDIVIDUAL AGENT

FORM A

Page 1

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

All amendments must be signed by Applicant.

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"/>

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

* HK ID Card No.			
* Name in English			
* Name in Chinese (if any)			

* Residential Address			

* Day time Tel. No.		* Mobile No.		Fax No.		E-mail address	
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** Qualification	** <u>Certified true copies</u> 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"/>
	<input type="checkbox"/> (II) General Insurance	<input type="checkbox"/>
	<input type="checkbox"/> (III) Long Term Insurance	<input type="checkbox"/>
	<input type="checkbox"/> (V) Investment-Linked Long Term Insurance; or	<input type="checkbox"/>
	<input type="checkbox"/> (VI) Travel Insurance Agents	<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"/> Proof of relevant certificate	<input type="checkbox"/>

Attach
Photo here

**** Please tick where appropriate.**

III. ** Particulars of New Registration

A. This is the first application of the Applicant.

B1. This is to register the Applicant to be an Individual Agent of the following Appointing Insurer(s):

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

IV. ** Current Registration Status of Applicant

A. The Applicant is **NOT** currently a registered Individual Agent.

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

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

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

B2. The Applicant is currently registered as an Individual Agent 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"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term) or	<input type="checkbox"/> Long Term (including Linked Long Term)
	<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"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term) or	<input type="checkbox"/> Long Term (including Linked Long Term)
	<input type="checkbox"/> General	<input type="checkbox"/> Long Term (excluding Linked Long Term) or	<input type="checkbox"/> Long Term (including Linked Long Term)

V. 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 as an Insurance Agent with the approval of my/our Appointing Insurer(s). I/We **ALSO CONFIRM** that the Applicant meets **ALL** the requirements stipulated in the Code.

_____ Date

_____ Authorized Signature and Company Chop

VI. ** 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 Insurer(s); 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 Insurer(s) cannot appoint me as its/their Individual Agent unless I become and remain registered as an Individual Agent pursuant to this application and that in relation to my appointment, the Appointing Insurer(s) is/are 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 an Insurance Agent 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 termination of my 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 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 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.
- 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

VII. 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 Individual Agent 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

VIII. 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 VII. 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 – 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個人代理：
- i. _____
ii. _____
iii. _____
iv. _____
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公司擔任個人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 Individual 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 Individual 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個人代理。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。

For IARB Use Only

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

本通知書只可作確認保險公司與被委任的個人代理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 Individual Agent. It should not be used for any other purpose.

回郵地址（必須與表格 A 填寫之住址相同）

Return Mail Address (must 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: