

INSURANCE AGENTS REGISTRATION BOARD
APPLICATION FOR REGISTRATION – INSURANCE AGENCY

FORM B
 Page 1

Please tick where appropriate. All amendments should 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 Status	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company/Body Corporate				
*Address							
*Address							
*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 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*

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. The Applicant is currently registered as an Insurance Agency of another Insurance Agent (the Appointing 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 are transacting Insurance Intermediary Business shall apply for registration separately. Listing 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.

* must be completed

VIII. Declaration by the Appointing Agent named in section 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. Have Proprietor, Controllers, Partners or Directors of our Insurance Agency 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? YES NO
【Spent conviction(s) is/are required to be reported.】
2. Have Proprietor, Controllers, Partners or Directors of our Insurance Agency ever been declared bankrupt in Hong Kong or elsewhere? YES NO
3. Have Proprietor, Controllers, Partners or Directors of our Insurance Agency ever been a controller, a director, an officer or a senior manager of a corporation that has become insolvent in Hong Kong or elsewhere? YES NO
4. Have Proprietor, Controllers, Partners or Directors of our Insurance Agency ever been found guilty of misconduct in a profession, trade or industry to which he belongs or has belonged? YES NO
5. Have our Insurance Agency, Proprietor, 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:)

5. 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 enclosed:
 - i. details of the incident;
 - ii. copies of court judgement/bankruptcy order/Official Receiver report/judgement of the professional body concerned, etc.; and
 - iii. recommendation letter(s) from the Authorized Representative(s) of our Appointing Insurer(s).
6. We have read the Code. We undertake to the IARB that we shall comply with the requirements of the Code applicable to Agents and submit to the jurisdiction of the IARB accordingly.
7. We understand that the Appointing Insurer(s) cannot appoint us as its/their Agent unless we become and remain registered 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.
8. 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.
9. 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.
10. 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 the termination of our agency agreement with the Appointing Insurer(s)/Agent(s), the IARB will take the further action specified in Part D of the Code, and that no Authorized Insurer or Insurance Agent in the Hong Kong Special Administrative Region will be permitted to appoint us as an Agent for a specified period.
11. 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.
12. 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

13. 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.
14. We hereby authorize the IARB to conduct reference check with the relevant parties against the documents that we have provided.
15. 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.
16. 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).
17. 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 Agent subject to the IARB's confirmation. We ALSO CONFIRM that the Applicant meets ALL the requirements stipulated in the Code. We FURTHER 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 FURTHER 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