

**INSURANCE AGENTS REGISTRATION BOARD**  
**APPLICATION FOR REGISTRATION – INSURANCE AGENCY**

**FORM B**  
 Page 1

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

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

<b>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)</b>

<b>II. Particulars of Applicant</b>							
* 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	

<b>III. ** Particulars of New Registration</b>							
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 <b>NEW</b> Responsible Officer to <b>REPLACE</b> the old one. Details of the <b>NEW</b> 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。

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。

##### 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.

**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:





