

INSURANCE AGENTS REGISTRATION BOARD
APPLICATION FOR REGISTRATION –
RESPONSIBLE OFFICER OF INSURANCE AGENCY

FORM C
 Page 1

Please tick where appropriate. All amendments should be signed by Applicant.

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)	
*BR No.	

For Official Use		
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"/>

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	<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 Resident whose employment visa conditions, if any, do not restrict him from acting as an insurance agent; and	<input type="checkbox"/> HK ID Card and Relevant page(s) of passport	<input type="checkbox"/>
<input type="checkbox"/> Completed F.5 or equivalent or above; 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"/> Insurance Intermediaries Qualifying Examination (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 Examination	<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 (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 certificate acquired	<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)	Capacity	Period	

** must be completed*

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, an officer 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 he belongs or has 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 judgement/bankruptcy order/Official Receiver report/judgement 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 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 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 the further action specified in Part D of the Code, and that no Authorized Insurer in the Hong Kong Special Administrative Region ("HKSAR") will be permitted to appoint me as an Individual Agent and no Insurance Agent in the HKSAR will be permitted to appoint me as its Responsible Officer or Technical Representative for a specified period.
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 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.

Date _____

Authorized Signature and Company Chop _____