

**INSURANCE AGENTS REGISTRATION BOARD  
APPLICATION FOR REGISTRATION  
TECHNICAL REPRESENTATIVE OF INSURANCE AGENT**

**FORM D**

Page 1

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

For Official Use		
Received on:	_____	
Job Number:	_____	
IA	<input type="checkbox"/>	<input type="checkbox"/>
PIBA	<input type="checkbox"/>	<input type="checkbox"/>
CIB	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. * Name of the Appointing Insurance Agent</b> (If any amendment is required, this form will be returned to the Appointing Insurance Agent)			
BR/HK ID No.	Contact Person	Contact Tel No.	
Return Address			

<b>II. * Particulars of Applicant</b>							
*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	
** Qualification				<b>Certified true copies</b> 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 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"/> Proof of 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			

**\*\* Please tick where appropriate.**

### III. \*\* Line(s) of Insurance Business to be registered

#### Line(s) of Insurance Business engaged

Restricted Scope Travel     General     Long Term (excluding Linked Long Term)    or     Long Term (including Linked Long Term)

### IV. \*\* 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 Agent cannot appoint me as its/his Technical Representative unless I become and remain registered as a Technical Representative pursuant to this application and that in relation to my appointment, the Appointing Insurance Agent 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 Technical Representative of the Appointing 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 appointment agreement with the Appointing Insurance Agent, 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 Insurance Agent 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 \_\_\_\_\_

### V. Declaration by the Appointing Insurance Agent

1. I/We **HEREBY CONFIRM** that the afore-named Applicant is appointed to represent me/us as Technical Representative subject to the IARB's confirmation. I/We **ALSO CONFIRM** that the Applicant meets **ALL** the requirements stipulated in the Code. I/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. I/We understand that the information contained in this form is **FULL, COMPLETE AND TRUE** to the best of my/our knowledge.

Date \_\_\_\_\_

Authorized Signature and Company Chop \_\_\_\_\_

**申請登記確認通知書 – 保險代理之業務代表**  
**APPLICATION FOR CONFIRMATION OF REGISTRATION –**  
**TECHNICAL REPRESENTATIVE OF INSURANCE 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代理之業務代表：
  
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擔任業務代表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業務代表的適當人選準則。

**All applicants must carefully read, complete and sign this section by themselves.**

1. I, \_\_\_\_\_,  
am applying to be a Technical Representative of the following Insurance Agent:
  
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 a Technical Representative or transact any insurance intermediary business for or on behalf of the above Insurance Agent before the date specified in the Notice below by the IARB. Otherwise, it may affect my fitness and properness as a Technical Representative.

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之業務代表。有關登記會於有關保險代理停止僱用/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 a Technical Representative of the Insurance Agent above on \_\_\_\_\_. This registration shall be cancelled upon cessation of employment/appointment between the relevant Insurance Agent above and the applicant, or expiration of registration.

**本通知書只可作確認保險代理商或代理人與被委任的業務代表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/Agent and an appointed Technical Representative. It should not be used for any other purpose.**

**回郵地址**（必須與表格 D 填寫之住址相同）

**Return Mail Address** (must be same as the residential address, stated on Form D)

姓名  
Name: \_\_\_\_\_

住址  
Home  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

委員會蓋章 IARB's Chop: