

**Application for Approval of Responsible Officer [Deemed Licensee]
of a Deemed Licensed Insurance Agency**
Under Section 64ZE of the Insurance Ordinance (Cap. 41)

This application form should only be used for an application for a new insurance agency licence by a deemed licensed insurance agency for approval of a responsible officer who is a deemed licensee (i.e. a responsible officer who was registered with the Insurance Agents Registration Board set up by the Hong Kong Federation of Insurers immediately prior to 23 September 2019, who was automatically granted a licence under the new regulatory regime for the transitional period which runs from 23 September 2019 to 22 September 2022).

I. Insurance Agency Information

Name of Insurance Agency	<i>English</i>
	<i>Chinese, if any</i>
Licence No.	

II. Contact Information

Please provide the following details of an authorized person who can act on behalf of the Insurance Agency on all matters relating to the Application. The Insurance Agency accepts full responsibility for all the submissions and representations which will be made by this authorized person. This authorized person must be a senior member of the Insurance Agency (e.g. controller/director/senior management).

Name	
Position	
Contact Number	
Email Address	

III. Particulars of Responsible Officer (RO)[†]

3.1 Please provide the following particulars of RO:

Full Name in English	<i>Surname</i>	<i>First/Other Names</i>
Full Name in Chinese (if any)		
Licence No.		
Appointment date as RO with the Insurance Agency (DD/MM/YYYY)		

3.2 Please submit Form D1 – Application for Individual Insurance Intermediary Licence – Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker) by Deemed Licensee. To facilitate the application processing, the RO is encouraged to submit such licence application via the IA’s e-portal, namely Insurance Intermediary Connect (“IIC”).

- Attached manually signed Form D1, or
 Submitted electronic Form D1 via IIC

3.3 Please confirm that the RO is currently NOT

- A proprietor or a partner of another Licensed Insurance Agency
 A director or an employee of another Licensed Insurance Agency who manages or controls any matter relating to a regulated activity of that other agency
 A director or an employee of a Licensed Insurance Broker Company who manages or controls any matter relating to a regulated activity of that company

[†] **Please tick the appropriate box.**



IV. Duties and Responsibilities of RO[†]

Please tick one or more of the following boxes if it is applicable.

- The RO is a director, controller, sole proprietor, partner of the Insurance Agency or a member of governance committee that reports to the board of directors of the Insurance Agency.
- The RO is responsible for managing and supervising the carrying on of any regulated activities of all line(s) of business which the Insurance Agency is licensed to carry on.
- The RO is responsible for managing and supervising the carrying on of any regulated activities in a particular line of business (e.g. General Business / Long-term Business) which the Insurance Agency is licensed to carry on. **Please provide details below:**

Please specify the line of business and provide the estimated number of Technical Representatives (Agent) (“TRAs”) under RO’s direct supervision:

Line of Business: _____	Number of TRAs: _____
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- The RO is responsible for managing and supervising the Technical Representatives of the Insurance Agency.
- The RO is responsible for managing business strategy planning, risk management and financial control of the Insurance Agency.
- The RO is responsible for monitoring the Insurance Agency’s compliance with the Insurance Ordinance, relevant Rules, Codes and Guidelines issued by the Insurance Authority.
- Others, please specify:

V. Sufficient Authority, Resources and Support to RO[†]

Please tick one or more of the following boxes where appropriate

- The board of directors has delegated sufficient authority to the RO for carrying out the responsibilities as a responsible officer.
- RO has sufficient authority, resources and support to discharge his/her duties and responsibilities as mentioned above in Section IV Duties and Responsibilities of RO
- Others, please specify:

VI. Industry and Management Experience of RO[†]

Please provide the years of work and management experience in the insurance industry:

Experience in Insurance Industry	<input type="checkbox"/> 1 – 4 Years <input type="checkbox"/> 5 – 10 Years <input type="checkbox"/> 11 – 15 Years <input type="checkbox"/> Over 15 Years
Management Experience	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 – 4 Years <input type="checkbox"/> 5 – 10 Years <input type="checkbox"/> Over 10 Years

[†] Please tick the appropriate box.

**VII. Fitness and Propriety[†]**

7.1 The Questions below are to be answered by RO:

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Have you ever failed to comply with any requirements while carrying on any regulated activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever been found by a court or other competent authority in Hong Kong or elsewhere to be liable for fraud, dishonesty or misfeasance? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you ever been disqualified by a court in Hong Kong or elsewhere from being a director of a company? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Have you ever been convicted of a criminal offence by any court in Hong Kong or elsewhere or are you the subject of unresolved criminal charges in Hong Kong or elsewhere? (If so, please complete Form S3) | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Have you ever been refused or restricted from carrying on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? (If, so, please complete Form S4) | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Have you ever been dismissed or requested to resign from any position or office in Hong Kong or elsewhere for misconduct, negligence, incompetence or mismanagement? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Have you ever been a controller, director or partner of a business entity ¹ in Hong Kong or elsewhere; and if so whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims? | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Have you ever been adjudged by a court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or other misconduct towards a business entity or any of its members in connection with the formation or management of the business entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Have you ever been a chief executive, responsible officer, controller, director or partner of a business entity in Hong Kong or elsewhere which:- | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) with the consent or connivance of, or because of your negligence or omission, has failed to comply with any requirements under any laws, or rules, regulations, code or guidelines made or issued under any laws, or any other regulatory requirements? or | | |
| (ii) has been convicted of a criminal offence by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges in Hong Kong or elsewhere? or | | |
| (iii) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct? | | |
| (l) Have you ever entered into a voluntary arrangement with creditors, or been adjudicated bankrupt by a court, or are you currently subject to bankruptcy proceedings in Hong Kong or elsewhere? (If, so, please complete Form S2) | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Have you ever failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Have you ever been found by a court to be mentally incapacitated, or are you detained in a mental hospital, under the Mental Health Ordinance (Cap. 136)? | <input type="checkbox"/> | <input type="checkbox"/> |

7.2 If the answer is "Yes" to any of the questions in Question 7.1, please complete and enclose the relevant supplemental form (i.e. Form S2, S3, or S4) and/or provide details of the relevant case/matter on a separate sheet, including date of the relevant event, name of regulatory/criminal investigatory/professional body (if applicable), description of the case/matter, RO's role/involvement in the case/matter, and outcome and current status of the case/matter.

- Attached – Supplemental Form S2 – Information on Bankruptcy, Liquidation or Similar Proceedings
- Attached – Supplemental Form S3 – Information on Criminal Record
- Attached – Supplemental Form S4 – Information on Disciplinary Action Record

¹ Business entity means a sole proprietorship, a partnership or a company.

[†] Please tick the appropriate box.



VIII. Other Information (Optional)

Please provide additional information, if any that you consider relevant or material to this Application which has not been covered in the other sections of this application form and you would like to draw to the IA's attention.

If there is insufficient space, please provide the required information on a separate sheet.

IX. Declaration by Responsible Officer

I, _____, hereby declare and confirm that:
Name of RO

- I agree to act as the Responsible Officer ("RO") of the Insurance Agency.
- I consent to the Insurance Agency making this Application to the Insurance Authority ("IA") for the approval of myself as a RO of the Insurance Agency under section 64ZE of the Insurance Ordinance ("IO").
- All the information provided in this Application and the supporting documents are **COMPLETE, TRUE AND CORRECT**.
- I understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO and shall be liable on conviction to a fine at level 5 (i.e. HKD 50,000 at present) and an imprisonment for 6 months.
- I understand that the IA may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I understand that if there are changes to any information contained in this Application prior to the IA's making a decision in respect of this Application, I must notify the IA of the changes in writing as soon as practicable.
- I understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate. I also understand that the IA may ask for my written consent to enable it to assess my fitness and properness.
- I am aware that under section 64ZE(4)(b) of the IO, the IA may not approve an individual as a responsible officer unless it is satisfied that the individual will be fit and proper to discharge his/her responsibilities as a responsible officer of the Insurance Agency.
- I have read, understood and I agree to the attached Personal Information Collection Statement (PICS).
- I consent to the IA using any of my personal data the IA has collected under section 120 and 121 of Schedule 11 to the IO, or I or my Insurance Agency(s) have/has provided to the IA in (or in support of) this Application or will provide in the future, in connection with this Application, for the purposes described in the attached PICS.

Signature of Responsible Officer

Date (DD/MM/YYYY)

WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION



X. Declaration by the Insurance Agency

The Declaration below must be signed by the sole proprietor, or a partner or a director of the Insurance Agency who is authorized to sign this form on behalf of the Insurance Agency.

We, _____, hereby declare and confirm that:
Full Name of the Insurance Agency

- The Board of Directors has passed a resolution to submit this Application (where the Insurance Agency is a company).
- I am/We are duly authorized to endorse this declaration and make this Application for the approval of the Responsible Officer as a responsible officer of the Insurance Agency under section 64ZE of the Insurance Ordinance (“IO”).
- I/We declare that to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE AND CORRECT**.
- I/We believe that the Responsible Officer has complied with the “fit and proper” requirements stipulated in section 64ZZA of the IO and all relevant guidelines and codes issued by the Insurance Authority (“IA”).
- The Responsible Officer has sufficient authority from the Insurance Agency for discharging his/her responsibilities, and I/we undertake to provide the Responsible Officer with sufficient resources and support for discharging those responsibilities.
- I/We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO and shall be liable on conviction to a fine at level 5 (i.e. HKD 50,000 at present) and an imprisonment for 6 months.
- I/We understand that the IA may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I/We understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA’s making a decision in respect of this Application, I/we must notify the IA of the changes in writing as soon as practicable.
- I/We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Application.
- I/We have read, understood and agreed to the attached Personal Information Collection Statement (PICS) and consent to the IA using any personal data provided in this Application or will provide in the future, for the purposes described in the PICS.

Date: _____
(DD/MM/YYYY)

Signature of authorized person: _____

Company Chop (if applicable):

Full Name of authorized person: _____

Designation: _____



Personal Information Collection Statement (“PICS”)

This PICS is made by the Insurance Authority (“IA”) to comply with the notification requirements of the Personal Data (Privacy) Ordinance (Cap. 486) (the “PDPO”). You are advised to read it carefully as it sets out the policies and practices of the IA with regard to your personal data (as defined in the PDPO), the purposes for which the IA may collect and use your personal data and the persons to whom your personal data may be transferred.

Purpose of Collection

The personal data provided in (and in support of) this application by you or by any other persons may be used and held by the IA for one or more of the following purposes:

- (a) to administer and/or enforce the provisions of any relevant ordinances (including the Insurance Ordinance (Cap. 41) (the “Ordinance”)) and any regulations, rules, codes, guidelines and circulars made or promulgated pursuant to the powers vested in the IA as in force at the relevant time and to carry out its functions as a regulator of the insurance industry, including:
 - (i) to process any application(s) you may make to or received by the IA under the Ordinance;
 - (ii) to assess your fitness and properness in relation to any of your application(s) for licensing or approval (as the case may be) under the Ordinance;
 - (iii) to monitor your fitness and properness and your status to remain licensed or approved (as the case may be) under the Ordinance;
 - (iv) to consider any application(s) under the Ordinance where you may otherwise have a connection;
 - (v) to display and publish personal data on the public registers maintained under the Ordinance (where applicable)
 - (vi) to investigate complaints and handle enquiries;
 - (vii) to conduct legal proceedings, inspection, investigation, and taking enforcement or disciplinary actions;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical and research purposes; and/or
- (d) any other purposes as permitted by the laws of Hong Kong.

You are obliged to supply the requested personal data in response to any request from the IA in exercising its powers or carrying out its functions (including processing your application(s)). Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions (including processing your application(s)) and may affect the IA’s assessment of your fitness and properness under the Ordinance.

Transfer/Matching of Personal Data

In performing the IA’s functions under the relevant laws and regulations, your personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institutions/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other regulators or regulatory/government/judicial bodies as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and such regulators/bodies (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may also be used by the IA and/or disclosed or transferred by the IA to the parties listed above for the purposes of comparing, verifying and/or carrying out a matching procedure² of those data.

Public Registers

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

Access to Data

Under the PDPO, you have the right to request access to and/or for correction of your personal data held by the IA. Please complete a “Data Access Request Form” (which is available at the IA’s website) and send it by post to the Data Privacy Officer of the IA at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong for processing of your request. The IA has the right to charge a reasonable fee for processing any such request.

Enquiries

Any enquiries regarding the personal data collected, used or transferred by the IA, or requests for access to and/or correction of, your personal data held by the IA should be made in writing to

The Data Privacy Officer
Insurance Authority
19/F, 41 Heung Yip Road
Wong Chuk Hang
Hong Kong

A copy of the IA’s Privacy Policy is made available at the IA’s website.

² “matching procedure” is defined in section 2 of the PDPO.