

**Application for Approval of the Variation of Line(s) of Business by  
Individual insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker)  
Pursuant to Section 64S of the Insurance Ordinance (Cap. 41)**

For Official Use					
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Check		Update		Verify	

Please complete all items in BLOCK LETTERS. All amendments must be signed by the Applicant.

**I. Particulars of Applicant**

<b>Insurance Intermediary Licence No.</b>		<b>Name in English</b>	
<b>† Type of licence</b>	<input type="checkbox"/> Individual Insurance Agent <input type="checkbox"/> Technical Representative (Agent) <input type="checkbox"/> Technical Representative (Broker)		

**II. Proposed Variation of Line of Business**

Please provide details of the proposed variation to the Line of Business specified in the Applicant's licence as a Licensed Insurance Intermediary.

<b>† Line(s) of Business currently specified in Applicant's licence</b>	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel
<b>† Line(s) of Business proposed to be specified in the Applicant's licence</b>	<input type="checkbox"/> G <input type="checkbox"/> LT Excl LLT <input type="checkbox"/> LT Incl LLT	<input type="checkbox"/> G & LT Excl LLT <input type="checkbox"/> G & LT Incl LLT <input type="checkbox"/> Restricted Scope Travel
Abbreviations: G – General; LT – Long Term; Excl LLT – Excluding Linked Long Term; Incl LLT – Including Linked Long Term		

**III. Insurance Intermediaries Qualifying Examinations**

Please provide supporting documents of the insurance intermediaries qualifying examination(s) taken by the Applicant in respect of the proposed Line(s) of Business stated in Section II above the Applicant intends to carry on as a Licensed Insurance Intermediary.

Examination Paper	Principles and Practice of Insurance	General Insurance	Long Term Insurance	Investment-linked Long Term Insurance	Travel Insurance Agents
<b>† Examination Result/ Exemption</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered

† Please tick the appropriate box

**IV. †Character, Financial Status, Disciplinary Action & Investigation**

1. Have you ever failed to comply with any requirements while carrying on any regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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"/> Yes <input type="checkbox"/> No
3. Have you ever been disqualified by a court in Hong Kong or elsewhere from being a director of a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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? <i>(Please complete Form S3.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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"/> Yes <input type="checkbox"/> No
6. Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? <i>(Please complete Form S4.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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"/> Yes <input type="checkbox"/> No
8. 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"/> Yes <input type="checkbox"/> No
9. Have you ever been: (a) a controller, director or partner of a business entity in Hong Kong or elsewhere; and if so (b) 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"/> Yes <input type="checkbox"/> No
10. 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"/> Yes <input type="checkbox"/> No
11. Have you ever been a controller, director or partner of a business entity in Hong Kong or elsewhere which:- (a) with the consent or connivance of, or because of your negligence or omission, has failed to comply with any requirements under any laws, or any rules, regulations, code or guidelines made or issued under any laws, or any other regulatory requirements? or (b) 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 (c) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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? <i>(Please complete Form S2.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. 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"/> Yes <input type="checkbox"/> No

***(If the answer to any one or more of the above 14 questions is/are “Yes”, please tick the appropriate box below:)***

- I have already provided the Insurance Authority with the details of the relevant case/ matter and the Insurance Authority can rely on the information and documents that I have previously provided in considering this application.
- I have not provided the Insurance Authority with details of the relevant case/ matter. In order for the Insurance Authority to consider this application, I complete and enclose the relevant supplemental form 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, my role/ involvement in the case/ matter, and outcome and current status of the case/ matter.

**† Please tick the appropriate box**



**V. Declaration by Applicant**

I, \_\_\_\_\_, hereby declare and confirm that:

*Name of Licensed Insurance Intermediary*

- I am applying for the approval to vary the Line(s) of Business specified to my licence as a Licensed Insurance Intermediary granted by the Insurance Authority ("IA").
- I agree not to carry on any regulated activities in the Line(s) of Business which is/ are the subject of this Application until IA has approved this Application.
- All the information provided in this Application and any documents in connection with this Application 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 Insurance Ordinance.
- I 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 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 in the assessment of this Application.
- I understand that the IA may take into consideration any information provided in (or in support of) this Application and any information previously provided by me or by any third parties to the IA in the assessment of my fitness and properness and carry on regulated activities in the Line(s) of Business after the variation of the Line(s) of Business which is/ are subject of this Application.
- I consent to the IA using any of my personal data I have provided to the IA in (or in support of) this Application or will provide in the future in connection with respect to this Application, for the purposes described in the attached Personal Information Collection Statement.
- I have read, understood and I agree to the attached Personal Information Collection Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION, OR OMIT MATERIAL PARTICULARS, IN CONNECTION WITH THIS APPLICATION.**



## **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 the personal data (as defined in the PDPO), the purposes for which the IA may collect and use the personal data and the persons to whom the personal data may be transferred.

### **Purpose of Collection**

The personal data provided in (and in support of) this notification 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)/notification(s) received by the IA under the Ordinance;
  - (ii) to assess the fitness and properness of any person in relation to licensing or approval (as the case may be) under the Ordinance;
  - (iii) to monitor the fitness and properness of any licensed insurance intermediaries or responsible officers to remain licensed or approved (as the case may be) under the Ordinance;
  - (iv) to consider any application(s) under the Ordinance where the licensed insurance intermediaries or responsible officers 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;
- (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. 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 the fitness and properness under the Ordinance.

### **Transfer/Matching of Personal Data**

In performing the IA’s functions under the relevant laws and regulations, the 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 procedure<sup>1</sup> 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, licensed insurance intermediaries and responsible officers have the right to request access to and/or for correction of the 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 the 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, the 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.

<sup>1</sup> “matching procedure” is defined in section 2 of the PDPO.