

**INSURANCE ORDINANCE (CAP. 41)**  
**("the Ordinance")**

.....  
(Name of non-HK insurer<sup>1</sup> making this application) (the "Applicant")

**Application for letter of no-objection for registration as a re-domiciled company**

1. We hereby apply to the Insurance Authority (the "Authority") for a letter of no-objection pursuant to section 3BA(3) of the Ordinance for registration as a re-domiciled company under section 820B of the Companies Ordinance (Cap. 622) ("CO").

2. We certify that the information supplied in support of this application is true and correct. We undertake to notify the Authority forthwith of any matter which affects the validity of any information given in support of this application.

Dated this       day of       , 20   .

The Chief Executive / Director (please delete where appropriate):-

Name : ..... Signed : .....

Contact person for this application:-

Name : ..... Post : .....

Telephone : ..... Email : .....

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<sup>1</sup> Including a non-HK insurer in relation to which a designation under section 3B(1) of the Ordinance is in effect, i.e. a designated insurer.

**INFORMATION REQUIRED****GENERAL NOTES**

1. This application form is to be used by a non-HK insurer seeking no-objection letter from the Authority pursuant to section 3BA(3) of the Ordinance for registration as a re-domiciled company under the CO.
2. All parts of this form are to be completed. Where any section or area is not applicable, please state "N.A.".
3. All documents shall be produced either in the Chinese language or English language. Where documents are required to be translated, the insurer should in general follow the requirements on certified translation under section 4 of the CO or any comparable standards acceptable to the IA. The person making the translation shall state his/her qualifications and certify that the translation is a true and correct translation of the original, and the person certifying the translation shall state his/her capacity.
4. If insufficient space is provided in this form, please give details on a separate sheet.
5. Unless otherwise indicated, all references to sections or schedules are sections of or schedules to the Ordinance.
6. Please complete the Checklist at the Appendix.

**IMPORTANT:**

- a. An application should not be made until **all** the information required is available. In this connection, it is advisable to hold preliminary meetings with the Authority before submitting the formal application.
- b. The non-HK insurer should not make an application to become a re-domiciled company to the Companies Registry under section 820B of the CO unless it has received a no-objection letter from the Authority under section 3BA(3) of the Ordinance. Any failure to observe this requirement may result in regulatory action against the insurer including the exercise of powers under Parts V and VA of the Ordinance by the Authority pursuant to section 3BA(4)(a) of the Ordinance to impose intervention requirements against the insurer in relation to the contravention, and may constitute a misconduct by the insurer.
- c. The Authority is a public body specified in Schedule 1 to the Prevention of Bribery Ordinance (Cap. 201) ("POBO"). The offer of an advantage to any member, officer or staff of the Authority with a view to influencing the approval of any application submitted to the Authority is an offence under the POBO. Any act of offering of an advantage by a prospective Applicant or an Applicant to the Authority, or by any of its directors, officers, employees or agents, will result in the application being immediately terminated. Prospective Applicants and Applicants shall inform its directors, officers, employees and agents who are connected with the application that the offering of advantages, as defined in the POBO, is not permitted.

**PART I - THE BACKGROUND OF THE APPLICANT**

1. Details of the Applicant in its place of incorporation

Place of incorporation : .....

Date of incorporation : .....

Registered office address in  
the place of incorporation : .....

.....

Class(es) of insurance business  
being authorised in the  
Applicant's place of  
incorporation : .....

.....

Name and address of the  
insurance supervisory  
authority in the Applicant's  
place of incorporation : .....

.....

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Contact of the responsible  
officer(s) of the insurance  
supervisory authority in the  
Applicant's place of  
incorporation (*including name,  
title and email address*): .....

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2. For Applicant having a branch or branches in jurisdictions other than Hong Kong, please fill in the following details and answer Question 5 in Part II accordingly.

Place of business : \_\_\_\_\_

Date of establishment in the  
place of business : \_\_\_\_\_

Address of the place of  
business : \_\_\_\_\_

Class(es) of insurance business  
being authorised in the  
Applicant's branch(es) : \_\_\_\_\_

Name and address of the  
insurance supervisory  
authority of the Applicant's  
branch(es) : \_\_\_\_\_

Contact of the responsible  
officer(s) of the insurance  
supervisory authority of the  
Applicant's branch(es)  
(including name, title and  
email address): \_\_\_\_\_

**PART II – INFORMATION/ DOCUMENTS FOR THE APPLICATION**

1. Please explain the reasons for the Applicant to re-domicile to Hong Kong.

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2. Please provide an implementation plan of the proposed re-domiciliation process, including the indicative timetable with the target date of submitting the re-domiciliation application to the Companies Registry under section 820B of the CO, and the critical steps and conditions to be completed for the proposed re-domiciliation process.

If the Applicant intends to change the company name upon re-domiciliation, please state the proposed company name in both English and Chinese (if any).

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3. Please provide legal opinion(s) issued by law firm(s) qualified to practice the laws in the jurisdiction of the Applicant's place of incorporation covering the following matters :-
- (i) description of the relevant statutory and regulatory framework and requirements governing the outward re-domiciliation in the Applicant's place of incorporation;
  - (ii) whether the laws of the jurisdiction of the Applicant's place of incorporation permit the Applicant's outward re-domiciliation;
  - (iii) the legality and validity of the Applicant's proposed re-domiciliation to Hong Kong; and
  - (iv) the critical steps or conditions (e.g. approval or no-objection from the authority(ies) that performs functions in that place corresponding to the functions of the Authority and Companies Registry) required to be completed to enable the Applicant to re-domicile to Hong Kong.

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4. Please confirm whether any prior approval, consent, no-objection or any other form of agreement is required from any person or authority (e.g. authority(ies) that performs functions corresponding to the functions of the Authority and Companies Registry) in the Applicant's place of incorporation to enable its outward re-domiciliation to Hong Kong. If so, please provide details of the relevant requirements, the progress and the indicative timeline for obtaining such approval, consent, no-objection or agreement together with relevant supporting documents.

5. [Only applicable to Applicant with branch(es) in jurisdictions other than Hong Kong :] Without prejudice to question 4 above, please confirm whether any prior approval, consent, no-objection or other form of agreement is required from any person or authority (e.g. authority(ies) that performs functions corresponding to the functions of the Authority and Companies Registry) in the jurisdiction(s) where the Applicant has branch(es) or branch offices to enable its outward re-domiciliation to Hong Kong. If so, please provide details of the relevant requirements, the progress and the indicative timeline for obtaining such approval, consent, no-objection or agreement together with relevant supporting documents.

6. In relation to the Applicant's insurance business carried on in or from Hong Kong, please advise whether there is or will likely be any foreseeable material adverse impact on the following matters arising from the proposed re-domiciliation to Hong Kong:-
- (i) the contractual benefits or rights under the insurance policies issued by the Applicant;
  - (ii) the reasonable benefit expectations of its policy holders under the relevant insurance policies;
  - (iii) the expected level of services provided by the Applicant or received by its policy holders; and
  - (iv) the business operation and risk exposure of the Applicant.

7. If any of the answer to question 6 above is affirmative, please provide details of the assessment on the adverse impact and the corresponding measures or safeguards taken or to be taken by the Applicant to manage and/or mitigate the relevant impact or risk of impact.

8. Please provide a statement co-signed by the Chief Executive/ Director and a representative of the Applicant<sup>2</sup> covering the following matters :-
- (i) the change in domicile will not have any material adverse effect on the reasonable expectations of its policy holders of long term business and/or general business<sup>3</sup>; and
  - (ii) the change in domicile will not have any material adverse effect on the security of the contractual rights of its policy holders of long term business and/or general business<sup>3</sup>.

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<sup>2</sup> For Applicant that carries on long term or both long term and general business, the representative should be a person occupying the position of its appointed actuary or key person in control functions for actuarial function under the Ordinance. For Applicant that carries on general business only, the representative should be qualified person(s) acceptable to the Authority (as the case maybe). The Applicant is advised to contact the Authority if there is any question in relation to this requirement.

<sup>3</sup> Please delete as appropriate.

9. The Authority expects that the costs to be incurred in the proposed re-domiciliation exercise, including incidental professional and legal costs thus arise, will be borne by the Applicant (i.e. the relevant costs will be paid out solely from the funds maintained other than in respect of the Applicant's long term and/or general business under the Ordinance). If the relevant costs are proposed to be borne by the funds maintained in respect of the insurer's long term business and/or general business under the Ordinance, please provide justifications and legal basis together with supporting documents / legal opinion for this arrangement.

10. Please provide an effective plan for communication with policy holders appropriate to the risk appetite and circumstances of the Applicant by taking into account, among others :-

- (i) the nature, scale and complexity of operations of the insurance business carried on by the Applicant in or from Hong Kong;
- (ii) the usual communication means and channels with existing policy holders adopted by the Applicant; and
- (iii) the impact of the proposed re-domiciliation (including the adverse impact provided in response to questions 6 and 7 above, if any)

to demonstrate that the insurer has made / will make its reasonable endeavours to ensure that its policy holders are duly informed of the intention and the likely consequences of the Applicant's proposed re-domiciliation. The Applicant should also take into account any specific communication requirements by relevant supervisory authorities of its place of incorporation and jurisdiction(s) where it has branch(es) or branch offices.

The Applicant should provide the Authority with a set of supplementary Frequently Asked Questions (FAQs) for addressing common queries before executing its communication plan.



11. In the case where the Applicant is not a designated insurer, please provide a gap analysis to demonstrate to the satisfaction of the Authority that it (upon re-domiciliation to Hong Kong) is capable of complying with and continuing to comply with the requirements applicable to a re-domiciled insurer under the insurance regulatory framework established by the Ordinance<sup>4</sup> (including but not limited to the maintenance of separate accounts and funds in respect of long term business and/or general business and the capital and related regulatory and reporting requirements). Please specify the currency used, as applicable.

12. Please provide a copy of the full set of documents to be submitted to the Companies Registry for the re-domiciliation application under section 820B of the CO (please make reference to the information and statements to be contained in and accompany Re-domiciliation Form specified in Schedules 6A and 6C to the CO).

13. Any other information or document which is relevant to any of the above answers or the proposed re-domiciliation to Hong Kong.

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<sup>4</sup> Under section 2(1) of the Ordinance, HK insurer is defined to mean (a) an authorized insurer that is incorporated in Hong Kong and (b) an authorized insurer that is a re-domiciled insurer. Accordingly, all regulatory requirements applicable to an HK insurer are applicable to a re-domiciled insurer (being an HK insurer itself). An applicant who is not a designated insurer is strongly recommended to approach the responsible case officer at the Authority for a discussion before preparing this application.

**Appendix****CHECKLIST**

Name of Applicant (the “Applicant”) : [Insert the name of the insurer applying for registration as a re-domiciled company]

	“√” if done	Use by the Authority Only
1. Have all the required questions in the application form been answered?		
2. Have all the applicable documents listed in or relevant to the questions been attached to the application?		
3. Has the application form been signed by the chief executive or a director of the Applicant?		
4. Has the application form been dated?		

## Insurance Authority (“Authority”)

### Personal Information Collection Statement (“PICS”)

This PICS is made by the Authority 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 Authority in relation to your personal data (as defined in the PDPO), the purposes for which the Authority may collect and use your personal data and the persons to whom your personal data may be transferred.

#### **Purpose of Collection**

Your personal data provided in (and in support of or in relation to) the form by you or any other persons may be used and held by the Authority 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, circulars or other regulatory instruments made or promulgated pursuant to the powers vested in the Authority 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 made to or received by the Authority under the Ordinance;
  - (ii) to assess and monitor your fitness and properness in relation to any application or approval or your status for appointment under the Ordinance;
  - (iii) to consider any application under the Ordinance where you may otherwise have a connection;
  - (iv) to investigate complaints and handle enquiries;
  - (v) to conduct legal proceedings, inspection, investigation and/or other enforcement/disciplinary actions;
- (b) to co-operate with and assist other regulatory body and/or law enforcement body of Hong Kong or of any place outside Hong Kong, whenever appropriate, 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 where a specified requirement has been imposed upon you under the laws and regulations (including the Ordinance) or in response to any request from the Authority in exercising its powers or carrying out its functions. Failure to provide the requested personal data may result in the Authority being unable to exercise its powers or carrying out its functions under the Ordinance and/or other relevant laws and may affect the Authority’s handling of the relevant application.

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

In performing the Authority's functions under the relevant laws and regulations, your personal data held by the Authority may, for the aforesaid purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Accounting and Financial Reporting Council, Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), the relevant industry bodies, the relevant professional bodies (e.g. the Hong Kong Institute of Certified Public Accountants and the Actuarial Society of Hong Kong), law enforcement agencies, the relevant courts, tribunals and committees and/or other local and/or overseas regulatory/government/judicial bodies as permitted or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the Authority and such regulators/bodies (within or outside Hong Kong), or persons engaged by the Authority to assist it in the performance of its functions.

Personal data may be used by the Authority and/or disclosed or transferred by the Authority to the above parties for the purposes of comparing, verifying and/or carrying out a matching procedure<sup>5</sup> of those data.

## **Access to Data**

Under the PDPO, you have the right to request access to, and to request the correction of, your personal data held by the Authority. If you wish to request access to or correction of your personal data held by the Authority, you may do so by filling in a "Data Access Request Form"<sup>6</sup> and sending it by post to the Data Privacy Officer of the Authority at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong. The Authority 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 Authority or requests for access to personal data or correction of personal data should be addressed in writing to the Data Privacy Officer of the Authority at the above address.

A copy of the Authority's Privacy Policy is made available at the Authority's website:  
[www.ia.org.hk](http://www.ia.org.hk)

**May 2025**

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<sup>5</sup> "matching procedure" is defined in section 2 of the PDPO.

<sup>6</sup> A copy of the Data Access Request Form is available at:  
[http://www.pcpd.org.hk/english/resources\\_centre/publications/forms/files/Dforme.pdf](http://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf)