# To: Insurance Authority (“IA”) [Fax No. (852) 3899 9993]

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| --- | --- |
| **Name of Authorized Insurer:** |  |

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**Please fill in Part (A) and Part (B). Please read the Notes below before completing the form.**

## (A) Information Disclosure on IA’s Website

###### Main Business Address in Hong Kong1:

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|  |
| *(In English)* |

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|  |
| *(In Chinese)* |

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| --- | --- | --- | --- |
| Telephone No.: |  | Fax No.: |  |

|  |  |
| --- | --- |
| E-mail Address: |  |
| Official Website Address: |  |

*(Please mark “N/A” if your company has no official website)*

**We hereby give consent for the above information and any subsequent changes to be disclosed on the IA’s website. We also agree to placing a hyperlink on the IA’s website to our official website, if applicable.**

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## (B) Receiving Circulars by Electronic Means

Please send the circulars to the following designated e-mail address:

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*(Please provide explanation if do not have an e-mail address.)*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

( )

Chief Executive/Director/Company Secretary2

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| Contact Person: |  | Tel. No.: |  |

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| **IMPORTANT** |
| This form should be completed by newly authorized insurers.  Please notify IA immediately upon any changes to the above information by completing Form IC-R02. |

**Notes**

1. The main business address in Hong Kong provided in this form is for the sole purpose of enabling IA to publish such information on IA’s website. Authorized insurers, however, are required to notify IA separately in case of any changes in their Principal Place of Business in Hong Kong / Registered Office.
2. Delete as appropriate.