

**Notification of Appointment of a Licensed Insurance Intermediary  
to carry on regulated activities in one or more line(s) of business  
by Appointing Principal(s)**

Pursuant to Section 64Q of the Insurance Ordinance (Cap. 41)

For Official Use					
C		SA		LN	
Check		Update		Verify	

**Please complete all items in BLOCK LETTERS. All amendments must be signed by the relevant party and original signed copy should be submitted.**

**I. Particulars of Licensed Insurance Intermediary**

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

**II. Particulars of the Appointing Principal(s) of the Licensed Insurance intermediary and the line(s) of business the Licensed Insurance Intermediary will be appointed to carry on**

Name of Appointing Principal (in English)	Are you an existing Appointing Principal of the Licensed Insurance Intermediary?	Specify ALL the line(s) of business the Licensed Insurance Intermediary will carry on for the Appointing Principal*	Specify the Date the Licensed Insurance Intermediary will carry on ALL the line(s) of business #
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Please state the numeric code for the relevant Line(s) of Business which the Licensed Insurance Intermediary will carry on as an agent of the Appointing Principal.

- |   |   |
|---|---|
| 1. General                              | 4. General and Long Term excluding Linked Long Term |
| 2. Long Term excluding Linked Long Term | 5. General and Long Term including Linked Long Term |
| 3. Long Term including Linked Long Term | 6. Restricted Scope Travel                          |

# Appointing Principal must notify the Insurance Authority ("IA") **at least 14 days before** the intended appointment of the Licensed Insurance Intermediary to carry on the line(s) of business. If there is any change in the intermediary's particulars (e.g. business address, telephone number or electronic mail address etc.), a completed Form N3 (for individual) or N4 (for business entity) shall also be submitted to the IA within 14 days after the date on which the change takes place for notification purposes.

† Please tick the appropriate box.



**III. Declaration by Licensed Insurance Intermediary**

I/ We, \_\_\_\_\_, hereby declare and confirm that:  
*Name of Licensed Insurance Intermediary*

- I/ We agree or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the relevant Line(s) of Business as stated in Section II.
- I/ We have obtained consent from my existing Appointing Principal(s), if any, for me/ us to be appointed or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- I/ We understand that the IA may make such enquiries and seek further information or documents as it thinks appropriate.
- I/ We have read, understood and I/ we agree to the attached Personal Information Collection Statement.

\_\_\_\_\_  
 Signature of Licensed Insurance Intermediary  
 (Company chop is required for Licensed Insurance Agency)

\_\_\_\_\_  
 Date

**IV. Declaration by Existing Appointing Principal(s) (if applicable)**

All existing Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby **CONFIRM** that:

- We consent the Licensed Insurance Intermediary to be appointed/ continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- All the information provided in this Notification are **COMPLETE, TRUE and CORRECT**.
- We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.

Existing Appointing Principal 1				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

Existing Appointing Principal 2				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone



Existing Appointing Principal 3				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

Existing Appointing Principal 4				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

**V. Declaration by New Appointing Principal(s) (if applicable)**

All new Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby <b>CONFIRM</b> that:				
<ul style="list-style-type: none"> <li>We will appoint the Licensed Insurance Intermediary to carry on regulated activities in the line(s) of business as an agent of the Appointing Principal(s) as of the date stated in Section II above.</li> <li>We understand and accept that the Licensed Insurance Intermediary is appointed by the existing Appointing Principal(s) stated in Section IV above to carry on regulated activities as an agent of the existing Appointing Principal(s).</li> <li>We declare that to the best of our knowledge and belief all the information and documents given in (or in support of) this Notification is <b>COMPLETE, TRUE and CORRECT</b>.</li> <li>We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.</li> <li>We understand that the IA may take disciplinary action against a person who has given false or misleading information or omitted a material particular in this Notification.</li> <li>We believe that the Licensed Insurance Intermediary is a “fit and proper” person to carry on regulated activities in the line(s) of business as stated in Section II above.</li> <li>We will comply with the Personal Data (Privacy) Ordinance (Cap. 486) and all relevant guidelines issued by the Office of the Privacy Commissioner for Personal Data, Hong Kong, in relation to any personal data collected from the Licensed Insurance Intermediary.</li> </ul>				

New Appointing Principal 1				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone



New Appointing Principal 2				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

New Appointing Principal 3				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

New Appointing Principal 4				
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				(Company Chop)
	Name	Position	Email	Phone

**Remarks:**

\* Reference No. - Company Registration No. for Authorized Insurer and Insurance Intermediary Licence No. for Licensed Insurance Agency/ Licensed Insurance Broker Company.

\*\* For an authorized insurer, this Notification Form should be signed by its Director/ Key Person in Intermediary Management Function/ a person authorized by its Board of Directors. For a Licensed Insurance Agency/ Licensed Insurance Broker Company, this Notification Form should be signed by its Responsible Officer/ Director/ a person authorized by its Board of Directors/ Sole Proprietor/ Partner (where applicable).



## **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.