

**Insurance Intermediary Licence Applicant/Licensee/
Related Person¹ of Licence Applicant/Licensee
Information on Criminal Record**

Please complete this Form if you have ever been convicted of a criminal offence or you are the subject of unresolved criminal charges.

Please provide character reference letters (if any) concerning your fitness and properness to carry on regulated activities under the Insurance Ordinance.

If there is not enough space, please provide the required information on a separate sheet.

Name of Applicant		
Relevant Details		
1. Details of all criminal charges or investigation		
Criminal Offence/Charge	Date	Country
2. Background information		
3. Details of the sentence (including the duration) (e.g. 6 months imprisonment or 3 months community service order) and/or penalties (e.g. monetary fine) for the criminal offence		

*Name of Licence Applicant/Licensee/
Related Person of Licence
Applicant/Licensee
(*Please delete where appropriate.)

Signature

Date

¹ Including a sole proprietor, partner, director and controller