

To: Office of the Commissioner of Insurance (OCI) [Fax No. 2869 0252] (Attn.: ITMU)

Name of Insurer: _____

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

(A) Information Disclosure on OCI Website

Main Business Address in Hong Kong¹:

(In English)

(In Chinese)

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 OCI website. We also agree to placing a hyperlink on the OCI website to our official website, if applicable.

(B) Receiving Circulars by Electronic Means

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

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

Signature: _____ Date: _____

(_____)
Chief Executive/Director/Company Secretary²

Contact Person: _____ Tel. No.: _____

IMPORTANT

This form should be completed by newly authorized insurers.
Please notify OCI immediately upon any changes to the above information by completing Form IA-32(B).

Notes

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