

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

**Name of Insurer:** \_\_\_\_\_

\*\*\*\*\*

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

**(A) Information Disclosure on OCI Website : Change in Contact Details<sup>1</sup>**

New/Delete<sup>3,4</sup> Main Business Address in Hong Kong<sup>2</sup>:

\_\_\_\_\_  
\_\_\_\_\_

*(In English)*

\_\_\_\_\_  
\_\_\_\_\_

*(In Chinese)*

Add/Replace/Delete<sup>3,4,5</sup> Telephone No.:

\_\_\_\_\_

Add/Replace/Delete<sup>3,4,5</sup> Fax No.:

\_\_\_\_\_

Add/Replace/Delete<sup>3,4,5</sup> E-mail Address:

\_\_\_\_\_

New/Delete<sup>3,4</sup> Official Website Address:

\_\_\_\_\_

\*\*\*\*\*

**(B) Receiving Circulars by Electronic Means : Change in E-mail Address**

Please add/replace/delete<sup>3,4,5</sup> the following e-mail address for receiving circulars:

\_\_\_\_\_

\*\*\*\*\*

Signature:

\_\_\_\_\_  
( \_\_\_\_\_ )  
Chief Executive/Director/Company Secretary<sup>4</sup>

Date:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Tel. No.:

\_\_\_\_\_

**Notes**

1. Current record can be found on OCI Website (<http://www.oci.gov.hk/download/ins.pdf> and <http://www.oci.gov.hk/chi/download/c-ins.pdf>).
2. 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.
3. No update of information will be assumed if left blank.
4. Delete as appropriate.
5. If there is more than one Telephone No., Fax No., or E-mail Address in the current record, please specify which one is to be replaced / deleted.