

Ref : A2-003-J16058

**By Fax or Email**

To : Authorized Representatives, Member Companies, The Hong Kong Federation of Insurers (HKFI)  
Non-HKFI Insurers using HKFI's agent registration service  
Insurance Agents who have appointed Responsible Officers/Technical Representatives  
All Insurance Agents, Responsible Officers and Technical Representatives (Registered Persons) via their appointing Insurer/Insurance Agent

c.c. : Mr Richard Yuen, JP, Commissioner of Insurance, Insurance Authority  
Ms Maggie Lee, President, General Agents & Managers Association of HK  
Mr Tony Yip, Chairman, The HK General Insurance Agents Association Ltd  
Mr Sidney Wong, President, The Life Underwriters Association of HK Ltd

From : Ambrose Cheung, JP, Chairman of the Insurance Agents Registration Board (IARB)

Date : 13 June 2005

Subject : **Continuing Professional Development (CPD) Programme – Revised Administrative Procedures**

### 1. Introduction

- 1.1 Two revised Guidance Notes on Compliance with the CPD Programme (revised GN7 for on-going assessment and revised GN8 for the Transitional Period) were issued today.
- 1.2 This notice is to supersede the one issued on 30 November 2004 pertaining to the same subject (Ref.: R01-J14638).

### 2. Enquiry of registration history

- 2.1 In order to facilitate Registered Persons to check their periods of registration within the assessment period, a feature for checking of registration history of Registered Persons is available online through the following steps:
  - i) Go to "www.hkfi.org.hk";
  - ii) Click on "Administration of Insurance Agents";
  - iii) Click on "Insurance Agents Registration History Enquiry";
  - iv) Enter the alphabetic prefix plus the first 6 digits of HK ID card number (e.g.: A123456).

### 3. Assessment Date

- 3.1 The common assessment date is 31 July every year.
- 3.2 The first assessment date will be 31 July 2005, please refer to the revised GN7 and GN8 for details.

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#### 4. Maintaining CPD records and Monitoring of CPD Compliance

##### 4.1 Responsibilities of Registered Persons

- decide on the appointing Insurer responsible for reporting their CPD credits/hours and notify such appointing Insurer accordingly (if applicable);
- inform all appointing Insurers if they should change the appointing Insurer responsible for reporting their CPD credits/hours (if applicable);
- complete and file the attached Declaration Form (Annex 1) within 2 weeks (i.e. by 14 August) from the assessment date as follows:
  - By individual agents to:
    - i the appointing Insurer responsible for reporting their CPD credits/hours; and
    - ii all other appointing Insurer(s) by providing each of them with a signed copy of the Declaration Form;
  - By Responsible Officers to:
    - i the appointing Insurer responsible for reporting their CPD credits/hours; and
    - ii all other appointing Insurer(s) by providing each of them with a signed copy of the Declaration Form;
  - By Technical Representatives to their appointing Insurance Agent.
- retain their original proof of compliance with CPD requirements (including Declaration Forms and evidence/record of attendance) for at least a period of 3 years after the assessment date. The original proof of compliance with CPD requirements should be produced as and when required by the IARB.

##### 4.2 Responsibilities of Insurance Agents who have appointed Technical Representatives

- dispatch copies of Declaration Form to all of their Technical Representatives (TRs);
- arrange sufficient CPD training for their TRs, if necessary;
- issue evidence/record of attendance to prove a TR who has attained a course sponsored by the Insurance Agent with the number of CPD credits/hours and type of credits printed on evidence/record of attendance;
- monitor the compliance of their TRs with the CPD requirements;
- collect Declaration Forms from their TRs by 14 August;
- file the Annual Return (Annex 2) to the IARB and report on those who fail to achieve the CPD requirements by 15 September; and

- offer help for their TRs in maintaining proof of compliance with CPD requirements.

#### 4.3 Responsibilities of All Insurers

- dispatch copies of Declaration Form to all of their Insurance Agents and Responsible Officers of Insurance Agencies;
- obtain confirmation from all their Insurance Agents and Responsible Officers of Insurance Agencies as to who would be responsible for reporting their CPD credits/hours by 14 August;
- arrange sufficient CPD training for their Insurance Agents and Responsible Officers of Insurance Agencies, if necessary;
- issue evidence/record of attendance to prove an Insurance Agent or a Responsible Officer of Insurance Agency who has attained a course sponsored by the Insurer with the number of CPD credits/hours and type of credits printed on the evidence/record of attendance;
- monitor the compliance of their Insurance Agents and Responsible Officers of Insurance Agencies with the CPD requirements;
- collect Declaration Forms from their Insurance Agents and Responsible Officers of Insurance Agencies by 14 August as follows:
  - i. originally signed Declaration Form for those Insurers responsible for reporting CPD credits/hours; or
  - ii. signed copy of Declaration Form for those Insurers NOT responsible for reporting CPD credits/hours;
- file the Annual Return (Annex 2) to the IARB by 15 September (for those Insurers responsible for reporting CPD credits/hours, report on those who fail to achieve the CPD requirements as well); and
- offer help for their Insurance Agents and Responsible Officers of Insurance Agencies in maintaining proof of compliance with CPD requirements.

#### 5. Checking of CPD records

- 5.1 The IARB will conduct random checks on those Registered Persons who have declared fulfillment of CPD requirements.
- 5.2 Any Registered Persons requested by the IARB to provide original proof of compliance with CPD requirements will have to submit within two weeks his/her declaration form together with all evidence/records of attendance in the original.

6. Consequence of Non-Compliance

- 6.1 It is the Registered Persons' responsibility to retain their original proof of compliance with CPD requirements. Failure to produce their original proof of compliance with CPD requirements as and when required by the IARB may affect their fitness and properness to continue acting as Registered Persons.
- 6.2 If a Registered Person fails to meet the CPD requirements, his/her confirmation of registration shall be revoked for 3 months as a starting point. Such Registered Person shall be required to complete all outstanding CPD credits/hours at the time of re-registration.
- 6.3 If a Registered Person makes a false declaration in reporting his/her CPD credits/hours, his/her confirmation of registration shall be revoked for 12 months as a starting point. Such Registered Person shall be required to complete all outstanding CPD credits/hours at the time of re-registration.

A handwritten signature in black ink, appearing to read "J. J. Chong".

Encl.

## CPD Declaration Form

### A. PARTICULARS OF REGISTERED PERSON

1. Name in English : \_\_\_\_\_
2. Name in Chinese (if any) : \_\_\_\_\_
3. HKID Card : \_\_\_\_\_
4. Registration Number : \_\_\_\_\_

### B. PARTICULARS OF APPOINTING INSURANCE AGENT/ INSURER(S)

1. Name of appointing insurance agent/ Insurer responsible for reporting my CPD compliance:  
\_\_\_\_\_
2. Name of other appointing Insurer(s), if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. CPD HOURS

1. I am a new Registered Person and opt to report CPD compliance by next assessment date. i.e. 31 July 20\_\_\_\_ Yes  / No   
(If "Yes", please proceed to section D)
2. This CPD Declaration Form covers the assessment period from \_\_\_\_\_ up to 31 July 20\_\_\_\_
3. Within the assessment period specified in C2:

No. of  
months

i Total number of months registered with IARB

(i)
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ii I have been registered as the Chief Executive/Technical Representative of an insurance broker, details are as follows:

Period of Registration (dd/mm/yy)	a. with CIB	/ /	to	/ /	(ii)a
	b. with PIBA	/ /	to	/ /	(ii)b
	c. with OCI	/ /	to	/ /	(ii)c

Total number of months to report CPD compliance[(i)+(ii)a+(ii)b+(ii)c]:

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4. I hereby declare that I have earned the required CPD hours during the assessment period specified in C2. Yes  / No

Details of the CPD activities:

Date	Title of Activity with accreditation code (if any)	No. of CPD Hours Earned
Total:		

5. If answer to question number 4 is "No", please provide details of non-compliance below.

a. Reason(s) for non-compliance:

\_\_\_\_\_

\_\_\_\_\_

b. No. of outstanding CPD hours: \_\_\_\_\_.

**D. DECLARATION**

1. I declare that to the best of my knowledge and belief the information given in this CPD Declaration Form is **FULL, COMPLETE AND TRUE.**
2. I understand that the personal data supplied by me will be used by the IARB for the purposes of performing its functions and, in particular, the registration, monitoring, inspection and investigation. I further understand my rights and obligations in relation to the supply of my personal data to the IARB and the manner in which the IARB may use or deal with the data.
3. I agree and authorize the IARB to match, compare, transfer or exchange the data provided by me with data held by, or obtained from (including but not limited to) the following parties:
  - (a) The Insurance Authority;
  - (b) The Hong Kong Confederation of Insurance Brokers;
  - (c) The Professional Insurance Brokers Association Limited;
  - (d) The Hong Kong Monetary Authority;
  - (e) The Securities and Futures Commission;

- (f) The Mandatory Provident Fund Schemes Authority;
- (g) Relevant CPD activity organizers; and
- (h) Any other bodies which are relevant to the checking of the CPD requirements.

4. I undertake to inform my appointing insurance agent/ Insurer(s) and the IARB as soon as possible in case I have changed my residential address.
5. I undertake to provide a signed copy of this CPD Declaration Form to all other appointing insurer(s) named in B2 of this CPD Declaration Form.
6. I understand that I have to retain proof of compliance with CPD requirements (including CPD Declaration Forms and evidence/record of attendance) for at least a period of 3 years from the assessment date.
7. I understand that I have to produce copies of proof of compliance with CPD requirements (including CPD Declaration Forms and evidence/record of attendance) as and when required by the IARB for random check.
8. I understand the consequences of non-compliance stipulated in paragraph 7 of revised GN7 and paragraphs (k) and (l) of revised GN8 issued by the IARB.

Signature of Registered Person : \_\_\_\_\_

Date : \_\_\_\_\_

## CPD Annual Return

### SECTION I – CPD DECLARATION FORMS OF REGISTERED PERSONS

I/We have distributed copies of CPD Declaration Form to all of my/our appointed Registered Persons ("RPs") [including insurance agents, Responsible Officers ("ROs") or Technical Representatives ("TRs")] or requested my/our appointed RPs to download CPD Declaration Form from the HKFI's website: [www.hkfi.org.hk/en\\_download.htm](http://www.hkfi.org.hk/en_download.htm).

- A. For reporting insurance agent only  
I/We shall ensure that all my/our appointed TRs complete and return the originally signed CPD Declaration Forms to me/us.
- B. For reporting Insurer only  
We shall ensure that:
1. All our appointed insurance agents and ROs who have appointed us as the Insurer responsible for reporting their CPD compliance complete and return the originally signed CPD Declaration Forms to us; and
  2. All our appointed insurance agents and ROs who have not appointed us as the Insurer responsible for reporting their CPD compliance provide us with photocopies of the signed CPD Declaration Forms.

The compliance status of my/our appointed RPs is summarized as follows:

A.	Total number of RPs who reported Compliance Code "Y"	
B.	Total number of RPs who reported Compliance Code "N/A"	
C.	Total number of RPs who reported Compliance Code "N-1"	
D.	Total number of RPs who reported Compliance Code "N-2"	
E.	Total number of RPs who reported Compliance Code "N-3"	

### SECTION II – DECLARATION OF REPORTING INSURANCE AGENT/INSURER

I/We attach herewith the completed CPD4000a and/or CPD4000b list(s) and those CPD Declaration Forms which have indicated **CPD non-compliance only** (i.e. those reported Compliance Code "N-1").

I/We understand that I/we should keep records and maintain copies of all of the completed CPD Declaration Forms for at least a period of 3 years for future reference.

I/We declare that to the best of my/our knowledge and belief the information given in this CPD Annual Return is **FULL, COMPLETE AND TRUE.**

Signature of insurance agent/ Authorized Representative/ Responsible Officer  
Name of insurance agent/ Authorized Representative/ Responsible Officer

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

Name of reporting Insurance Agency/Insurer and company chop

\_\_\_\_\_

Date

\_\_\_\_\_



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Insurance Agents Registration Board

List of Registered Persons who are due to report CPD credits as at 31 Jul 2005

Insurer/Insurance Agency Name: XXX INSURANCE LTD

Insurer/Insurance Agency No. : XXXXXXXX

Agent Type : INDIVIDUAL

Name	BR_ID	Reg. No.	CPD Credits		Compliance Code*
			Core	Non-core	
AU XXX MAN	X999350	99991204	15	30	_____
AU XXXX WAN	X999131	99990433	15	30	_____
AU XXX WING	X999237	99997204	15	30	_____
AU XXXX FAI	X999182	99997977	15	30	_____
AU XXX CHUN	X999919	99993695	15	30	_____
AU XXX HAN	X999458	99996917	15	30	_____
AU XXX MEI SANDY	X999290	99997379	15	30	_____
AU XXX HING ADA	X999260	99993269	15	30	_____
AU XXX LING	X999917	99999169	15	30	_____
AU XXX KING YVONNE	X999913	99996952	15	30	_____
AU XXX MING HERMIT	X999892	99994520	15	30	_____
AU XXXX KWAN	X999757	99993063	11	22	_____
AU XXXX FAN IRIS	X999409	99994321	7	13	_____
AU XXXX HA AMY	X999166	99997250	15	30	_____
AU XXXX LIN	X999894	99996097	15	30	_____

No. of Person(s): 15

# CPD credits required are calculated according to the registration records in the IARB register and provided that the person did not register as an insurance broker during the assessment period.

\* Please indicate whether CPD Requirements completed by using the code "Y", "N/A", "N-1" or "N-2" below:

Y = Required core and non-core credits completed and Declaration Form filed

N/A = Registered Persons who have not appointed us as the Insurer responsible for reporting their CPD compliance

N-1 = Not completed due to failure to fully complete all core and non-core credits required

N-2 = Not completed due to failure to file Declaration Form

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Insurance Agents Registration Board

List of Newly Registered Persons (registered less than 12 months) as at 31 Jul 2005

(CPD declaration forms can be submitted by next assessment date, i.e. 31 Jul 2006)

Insurer/Insurance Agency Name: XXX INSURANCE LTD

Insurer/Insurance Agency No. : XXXXXXXXX

Agent Type : INDIVIDUAL

Name	BR_ID	Reg. No.	CPD Credits		Compliance Code*
			Core	Non-core	
CHAN XXX MAN	X888350	04881204	15	30	---
CHAN XXXX WAN	X888131	04880433	15	30	---
CHAN XXX WING	X888237	04887204	15	30	---

No. of Person(s): 3

Total No. of Person(s): 18

#CPD credits required are calculated according to the registration records in the IARB register and provided that the person did not register as an insurance broker during the assessment period.

\*Please indicate whether CPD Requirements completed by using the code "Y", "N/A", "N-1", "N-2" or "N-3" below:

Y = Required core and non-core credits completed and Declaration Form filed

N/A = Registered Persons who have not appointed us as the Insurer responsible for reporting their CPD compliance

N-1 = Not completed due to failure to fully complete all core and non-core credits required

N-2 = Not completed due to failure to file Declaration Form

N-3 = Opted to report CPD compliance by next assessment date