

Ref: R01-J9930

By Fax and Email

Sent 24/1

To : Authorized Representative, Member Companies, HKFI
Non-HKFI Insurers using HKFI's agents registration service
Insurance Agents who have appointed responsible officers/technical representatives

c.c. : Mr Benjamin Tang, JP, Commissioner of Insurance
Ms Queenie Chan, President, General Agents & Managers Association of Hong Kong
Mr Kelvin Wong, President, Life Underwriters Association of Hong Kong
Mr William Ng, Chairman, The Hong Kong General Insurance Agents Association Ltd

From : Damien Shum, Insurance Agents Registration Board

Date : 24 January 2003

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

1. In view of the revised CPD Programme, no Registered Person (including Insurance Agents, Responsible Officers and Technical Representatives) is required to submit any CPD record to the Insurance Agents Registration Board (IARB) between now and 31 December 2004. The reporting of compliance with the CPD requirements will commence in 2005.
2. All Registered Persons whose registrations are due to expire in 2005 will be notified through their appointing Principals / Insurance Agents twice i.e., nine and six months beforehand that they must complete all of the required CPD credits by the expiry dates. For the avoidance of doubt, the reporting to the IARB is based on the expiry dates of individual Registered Persons.
3. When applying for renewal, Registered Persons will be required to declare that they have already fulfilled / undertake that they will fulfil all the required CPD credits by the expiry date. The renewal application form shall be filed to the IARB no more than three months before the expiry of the three-year registration.
4. Before filing renewal forms for Registered Persons who have already fulfilled all the required CPD credits prior to the submission, the appointing Principals/Insurance Agents shall vet all of the attendance records/documentary proof of the relevant CPD activities. For ease of records, *CPD Form 1* could be used to record activities without certificate of attendance.
5. The appointing Principals / Insurance Agents of those Registered Persons who have yet to fulfil the required CPD credits when submitting the renewal applications, shall be required to file a formal confirmation to the IARB on or before the expiry dates of these Registered Persons that they have already done so and that the appointing Principals / Insurance Agents have already vetted all of such attendance records / documentary proof. Otherwise, the registration of these Registered Persons will be automatically revoked upon expiry.

註 冊 有 限 公 司
Incorporated with limited liability

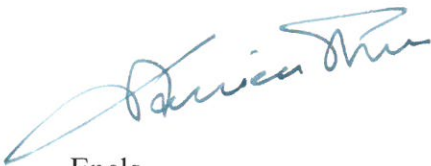
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6. The IARB will conduct random checks on renewal applications. Any applicant requested by the IARB to provide CPD records will have to submit on or before the prescribed date a summary report (*CPD Form 2*) together with all CPD attendance records in the original. Whilst a renewal application may have been confirmed before the vetting procedures are completed, the confirmation of registration will be automatically revoked if the Registered Person concerned is later found guilty of failing to prove his or her compliance with the CPD requirements.
7. Some appointing Principals/Insurance Agents may choose to monitor the CPD activities of their Registered Persons periodically. For this purpose, they may make reference to the enclosed Declaration Form. It should be made clear though the Declaration Form is only for case of reference and not a compulsory requirement. Moreover, members are welcome to make amendments best suited to their needs.
8. All the forms above could be downloaded at **http://www.hkfi.org.hk/e_download.htm**



Encls.

保險代理登記委員會

保險中介人素質保證計劃 完成持續專業培訓聲明

保險代理登記號碼
(可致電 2861 9369 查詢)

代理姓名： _____ 香港身份證號碼： _____

甲部： 代理聲明

評審時段：截至今年__月__日一年止（以登記周年日為準，如欲查詢登記周年日，可致電 2861 9369）

1. 本人確認已於上述評審時段完成_____核心學分及_____非核心學分，並聲明與此聲明書一併提交的所有證明文件均真實無訛。本人確認截至上述日期尚欠_____核心學分及_____非核心學分，並清楚明白假如本人於下一年度未能補足上年度所久之學分，有可能會觸犯《守則》的規定。
2. 本人明白及認知他日保險代理登記委員會（下稱「委員會」）可能會查核我於此提交證明我已經完成上述學分的所有文件，所以本人明白及承諾會將有關證明文件自上述登記周年日期起計保存四年為止。
3. 假如委員會要求本人提供完成上述學分的證明文件，本人有責任及必須於登記周年日期前的兩個月內提交有關證明文件，否則本人會被視為不符「持續專業培訓計劃」的要求，委員會可以據此撤銷確認本人的委任。
4. 本人明白及作出承諾，假如本人不能提供證明文件供委員會驗證，本人放棄一切權利再以任何其他形式，證明本人曾經於上述評審時段內完成上述申報的學分。
5. 本人明白及承諾於下一個登記周年日期前，完成「持續專業培訓計劃」要求登記人士必須完成的核心及非核心學分。
6. 本人確證明白本聲明書一式兩份，均由本人親自填寫及簽署，一份由本人存錄，以便續期時經當時的委任保險公司/保險代理交回委員會，另一份交予以下的委任保險公司/保險代理存錄。本人確認已從本人的委任保險公司/保險代理取回本聲明書的另一份正本存錄。
7. 如果今年是我的登記續期年度，我已將之前兩年的聲明書副本（如適用者），一併交予以下的保險公司/保險代理呈交保險代理登記委員會作續期之用。

日期 _____

簽署 _____

乙部： 委任保險公司/保險代理聲明

本公司/本人名稱： _____

1. 本公司/本人確認已經核實上述代理的身份，並確認代理交予本公司/本人所有的「持續專業培訓」學分的證明文件的正本，與上述第 1 項的聲明完全吻合。
2. 本公司/本人明白本聲明書一式兩份，並確認一份由本公司/本人存錄，另一份則交予上述代理，以便他/她於續期時，經當時的委任保險公司/保險代理交回委員會。
3. 據本公司/本人所知，本聲明書由上述代理親自填寫及提供資料，所載資料真實無訛。
4. 本公司/本人確認假如上述代理沒有於本評審年度內完成指定的學分，本公司/本人於簽署此聲明書的同時，已正式提醒上述代理，他/她必須確保於下一個登記屆滿日期前完成所欠學分及該年度所需學分。
5. 假如上述代理於上述評審時段所完成的「持續專業培訓」學分少於指定的數目，本公司/本人必須於下述日期七天內將本聲明書呈交保險代理登記委員會。
6. 本公司/本人承諾如果今年是上述代理的登記續期年度，則本公司/本人會於代理登記續期日屆滿後兩個星期內，填妥此聲明書，連同上述代理前兩年度的聲明書副本（如適用者），交回保險代理登記委員會，否則本公司/本人即表示上述代理沒有於登記續期前完成指定的學分，保險代理登記委員會應撤銷委任上述代理的登記。

日期 _____

授權簽署及公司蓋章 _____

Insurance Intermediaries Quality Assurance Scheme – Continuing Professional Development (CPD) Programme

Record Sheet for CPD Activities *WITHOUT* certificate of attendance

Assessment (identical to current Registration) Period: From ___ / ___ / 2002 To (the expiry of the three-year registration) ___ / ___ / 2005

ID Number of Insurance agent: _____ Insurance Agent Registration Number: _____
 Name of Insurance agent: _____ Contact Telephone Number: _____

Date	Title of Activity	Name, Address and Telephone No. of Organizer	Accreditation Code (if applicable)	Core Credit(s)	Non-Core Credit(s)	Activity Organizer's Confirmation (stamp and signature with name of certifying person)

Note:
 1. Photocopy of this form is permissible.
 2. The original of this form must be retained as a supporting evidence for the CPD activity(ies) attended.

Insurance Intermediaries Quality Assurance Scheme – Continuing Professional Development (CPD) Programme

Assessment (identical to current Registration) Period: From ___ / ___ / 2002 To (the expiry of the three-year registration) ___ / ___ / 2005

ID Number of Insurance agent: _____ Insurance Agent Registration Number: _____
 Name of Insurance agent: _____ Contact Telephone Number: _____

Part A: Details of CPD Activities

Date	Title of Activity	Name, Address and Telephone No. of Organizer	Accreditation Code (if applicable)	Core Credit(s)	Non-Core Credit(s)	Annex Number
				Sub-Total Credits Achieved:		
				Sub-Total Credits Achieved from Continuation Sheet(s):		
				Total Credits Achieved:		

Part B: Declaration

I confirm that all the supporting documents substantiating the CPD credits claimed have been attached. I hereby authorize the Insurance Authority (IA) and the Insurance Agents Registration Board (IARB) to conduct reference check with the activity organizers and the relevant organizations. I further agree and hereby authorize the activity organizers and the relevant organizations to disclose and transfer my personal data to the IA and the IARB.

I hereby confirm that all the attached supporting evidence is true and genuine.

This Form includes _____ Continuation Sheet(s).

Signature

ID Number of Insurance agent: _____

Insurance Agent Registration Number: _____

Name of Insurance agent: _____

Contact Telephone Number: _____

Details of CPD Activities

Date	Title of Activity	Name, Address and Telephone No. of Organizer	Accreditation Code (if applicable)	Core Credit(s)	Non-Core Credit(s)	Annex Number
Sub-Total Credits Achieved:						