HKFI 香 港 保 險 業 聯 會
THE HONG KONG FEDERATION OF INSURERS

保 險 代 理 登 記 委 員 會
INSURANCE AGENTS REGISTRATION BOARD

Ref : R01-J14638   **By Fax and Email**

To : Authorized Representatives, Member Companies, 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 Kelvin Wong, President, The Life Underwriters Association of HK Ltd

From : Andrew Wong, OBE, JP, Chairman of the Insurance Agents Registration Board (IARB)

Date : 30 November 2004

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

1. Introduction

    1.1 Two Guidance Notes on Compliance with the CPD Programme (GN7 for on-going assessment and GN8 for the Transitional Period) were issued today.

    1.2 This notice is to supersede the one issued on 24 January 2003 pertaining to the same subject (Ref.: R01-J9930) and section 2.iv. of the Insurance Agents Handbook published on 9 June 2003.

2. Enquiry of registration history

    2.1 In order to facilitate Registered Persons to check their periods of registration within the assessment period, a new feature for checking of registration history of Registered Persons will be available online commencing today 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.

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3.2 The first assessment date will be 31 July 2005, please refer to the Guidance Notes GN7 and GN8 for details.

4. Maintaining CPD records and Monitoring of CPD Compliance

    4.1 Responsibilities of Registered Persons

- filing the attached Declaration Form (Annex 1) within 2 weeks from the assessment date as follows:
  - By individual agents to **all** of their appointing insurers;
  - By Responsible Officers to **all** of their appointing insurers; and
  - By Technical Representatives to their appointing insurance agent.
- retaining their proof of compliance of 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 of CPD requirements should be produced as and when required by the IARB.

    4.2 Responsibilities of insurance agents who have appointed Technical Representatives

- monitoring the compliance of their appointed Technical Representatives (TRs) with the CPD requirements;
- collecting declarations from their appointed TRs;
- filing the Annual Return (Annex 2) to the IARB and reporting on those who fail to achieve the CPD requirements by 15 September; and
- offering help for their Appointed TRs in maintaining proof of compliance of CPD requirements, if necessary.

    4.3 Responsibilities of Insurers

- arranging sufficient CPD training for their insurance agents and Responsible Officers of Insurance Agencies, if necessary;
- issuing evidence/record of attendance to prove an insurance agent who has attained a course sponsored by the Insurer with the number of credits and type of credits printed on the evidence/record of attendance;
- monitoring the compliance of their insurance agents and Responsible Officers of Insurance Agencies with the CPD requirements;
- collecting declarations from their insurance agents and Responsible Officers of Insurance Agencies;
- filing the Annual Return (Annex 2) to the IARB and reporting on those who fail to achieve the CPD requirements by 15 September; and

- offering help for their insurance agents and Responsible Officers of Insurance Agencies in maintaining proof of compliance of CPD requirements, if necessary.

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 of 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 maintain their original proof of compliance of CPD requirements. Failure to produce their original proof of compliance of CPD requirements as and when required by the IARB may affect their fitness and properness to continue acting as Registered Persons.

6.2 A false declaration made to the IARB by any Registered Person may lead to revocation of his/her registration for 12 months as a starting point.

Encl.

DECLARATION FORM

A. PARTICULARS OF REGISTERED PERSON

1. Name in English   : _____

2. Name in Chinese (if any)   : _____

3. HKID Card   : _____

4. Registration Number   : _____

B. CPD CREDITS

1. This declaration covers the period from _____ up to 31 July 2005
2. I hereby declare that I have fulfilled the relevant CPD requirements during the said period   Yes ☐ / No ☐

Details of the CPD activities:

Date	Title of Activity with accreditation code (if any)	No. of Credits Earned	
		Core	Non-Core
		Total:	

3. If answer to question number 2 is "No", please provide details of non-compliance below.

    a. Reason(s) for non-compliance:

    _____

    b. No. of outstanding CPD credits: ___ Core credits and/or ___ Non-core credits

C. DECLARATION

1. 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.

2. 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.

3. I declare that to the best of my knowledge and belief the information given in this Declaration Form is **FULL, COMPLETE AND TRUE**.

4. I understand that I have to retain proof of compliance of CPD requirements (including Declaration Forms and evidence/record of attendance) for at least a period of 3 years from the assessment date.

5. I understand the consequences of non-compliance stipulated in paragraphs (i) and (j) of Guidance 7 and paragraphs (k) and (l) of Guidance Note 8 issued by the IARB.

Signature of Registered Person   : _____

Date   : _____

Annual Return*

SECTION I – DECLARATIONS OF REGISTERED PERSONS

Please distribute copies of Declaration Form to all of your appointed Registered Persons. You should ensure that the Registered Persons complete and return the Declaration Forms to you.

When filing this Annual Return to the IARB, please attach the enclosed completed list and those Declaration Forms which have indicated CPD non-compliance **only**. However, you should keep records and maintain copies of all of the completed Declaration Forms for at least a period of 3 years for future reference.

Please complete the following:

A.	Total number of Declaration Forms distributed to Registered Persons	
B.	Number of Declaration Forms which have indicated CPD compliance	
C.	Number of Declaration Forms which have indicated CPD non-compliance	
D.	Number of Declaration Forms not returned from Registered Persons*	

* If applicable, please provide details:

_____

_____

_____

SECTION II – DECLARATION OF INSURANCE AGENCIES/INSURERS

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

Signature of or Authorized Representative/
Officer-in-charge or Responsible Officer   : _____

Name of Authorized Representative/
Officer-in-charge or Responsible Officer   : _____

Company Name with Company Stamp   : _____

Date   : _____

* From 1 January 2002 up to 31 July 2005 for the Transitional Period.

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

			*Please indicate whether CPD Requirements completed by using
Name	BR_ID	Reg. No.	the codes "Y", "N-A" or "N-B" below
AU XXX MAN	X999350	99991204	_____
AU XXXX WAN	X999131	99990433	_____
AU XXX WING	X999237	99997204	_____
AU XXXX FAI	X999182	99997977	_____
AU XXX CHUN	X999919	99993695	_____
AU XXX HAN	X999458	99996917	_____
AU XXX MEI SANDY	X999290	99997379	_____
AU XXX HING ADA	X999260	99993269	_____
AU XXX LING	X999917	99999169	_____
AU XXX KING YVONNE	X999913	99996952	_____
AU XXX MING HERMIT	X999892	99994520	_____
AU XXXX KWAN	X999757	99993063	_____
AU XXXX FAN IRIS	X999409	99994321	_____
AU XXXX HA AMY	X999166	99997250	_____
AU XXXX LIN	X999894	99996097	_____

No. of Person(s): 15

*Note:

Y = Required core and non-core credits completed and Declaration Form filed
N-A = Not completed due to failure to fully complete all core and non-core credits required
N-B = Not completed due to failure to file Declaration Form

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. : XXXXXXXX
Agent Type : INDIVIDUAL

| | | | *Please indicate whether CPD Requirements completed by using |
| | | | |
Name	BR_ID	Reg. No.	the codes "Y", "N-A" or "N-B" below
CHAN XXX MAN	X888350	04881204	_____
CHAN XXXX WAN	X888131	04880433	_____
CHAN XXX WING	X888237	04887204	_____

No. of Person(s): 3

Total No. of Person(s): 18

*Note:

Y = Required core and non-core credits completed and Declaration Form filed
N-A = Not completed due to failure to fully complete all core and non-core credits required
N-B = Not completed due to failure to file Declaration Form