

## GENERAL NOTES 一般備註

- 1. The Insurance Authority ("IA") may impose a charge reflecting the cost of reproducing the records concerned. We will advise you in advance of any such charge. If a charge is payable, the information will not be released until the requisite payment has been made. 保險業監管局(「本局」)可能會按照複印紀錄所需的成本收取費用,並會預先告知你所需繳付的費用。如需收費,則本局在收到有關費用後,才會向你發放所索取的資料。
- 2. You may be asked to provide additional information to help us process your application. We may not be able to process your application if you do not provide sufficient information. 你或需提供更多資料,以協助我們處理你的申請。如你未能提供足夠資料,本局可能無法處理你的申請。
- 3. The information provided will be used for processing your application for access to information. If it needs to be disclosed to a relevant third party in order to process your application (e.g. it is necessary to obtain the third party's consent to release the information you are seeking), we will seek your prior consent for the disclosure. 你所提供的資料,將用於處理你的索取資料申請。如本局為處理你的申請而須向有關第三方披露你所提供的資料(例如,本局須取得該第三方的同意才可發放你所索取的資料),本局會先取得你的同意。
- 4. For correction of or access to personal data contained in this application, please contact the Insurance Authority's Personal Data Privacy Officer whose contact details are as follows: 如欲更改或索取載列在本表格的個人資料,請與本局的個人資料私隱主任聯絡。個人資料私隱主任的聯絡資料如下:

Email 電郵:	cgs@ia.org.hk	
Post 郵寄:	Attn: Personal Data Privacy Officer	致:個人資料私隱主任
	Insurance Authority 19/F, 41 Heung Yip Road Wong Chuk Hang Hong Kong	<b>保險業監管局</b> 香港黃竹坑 香葉道 41 號 19 樓
Fax No. 傳真:	(852) 3753 4119	



Name

姓名

## Application for Access to Information 申請索取資料表格

(This form can be completed either in English or Chinese. Please read the General Notes before writing.) (這份表格可用英文或中文填寫,填寫前請細閱表格的一般備註。)

> Tel. No. 電話號碼

Applicant's	<b>Particulars</b>	申請人	.個人	.資料
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Correspor	ndence							
Address								
通訊地址								
E-mail ad	dress (Opt	tional)						
電郵地址			(Correspondence	will he sent to	the e-mail address provided)			
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* Please delete as appropriate 請刪去不適用者								
	11 1							
Informatio	n Reques	ted 要求索耳	反的資料					
To:	Access to	o Informatio	n Officer	cer 公開資料主任				
致:	Insurance Authority				保險業監管局			
	19th Flo	or, 41 Heung	Yip Road,	香港黃竹坑香葉道 41 號 19 樓				
	Wong C	huk Hang, H	ong Kong	省心實刊坑省景道 41 號 19 楼				
Email:				Fax No.:	2-2-1110			
電郵:	aio@ia.c	org.hk		傳真:	3753 4119			
Details of i	informatio	on requested,	e.g. the type of	information	requested, date or period to which			
the informa	ation relat	tes. Please b	e as specific as	possible. It	will help us understand clearly the			
information	n you are	seeking. Ple	ease use a separa	ate sheet if n	ecessary.			
所需資料語	詳情,例	如資料種類	、資料日期或戶	听涉及的期1	間。請盡量具體說明詳情,以便			
我們清楚	我們清楚知道你所需要的資料。如有需要,請另頁書寫。							
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Name 姓名				Date 日期				
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Signature 簽署								