



# Application for Opening of Supervisor Account (Online Portal for Insurance Intermediaries)

				For C	Official Use	1		
	1 <sup>st</sup> Review		2 <sup>nd</sup> Review Approve		Approved			
Р	A/R		A/R		A/R		T	
							Date of Receipt	
Account Creation			AOP	А	pproval Letter	- ποσοιρι		

Please complete all items in BLOCK LETTERS. All amendments must be signed by Applicant.

	I.	<b>Basic</b>	Information	on Principa	al
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	•	
Name in English		
Name in Chinese (if any)		
<sup>†</sup> Type of Principal	<ul> <li>□ Licensed Insurance Agency</li> <li>(Please provide Insurance Intermed</li> <li>□ Licensed Insurance Broker Compar</li> </ul>	iary Licence No) iary Licence No) iary Licence No)
Address of Registered Office		
Intermediary Licence No. as U  Note: Subject to Insurance Author		<ul> <li>☐ Yes</li> <li>☐ No (If No, please state clearly the proposed Username and underline numeric characters.)</li> </ul>
II. Additional Information	on Orincipal	

<sup>†</sup> Do you Intend to Open an Administration Account?	<ul> <li>☐ Yes (If Yes, please complete the rest of this part.)</li> <li>☐ No (If No, the rest of this part is not applicable. Also, if you intend to open an Administration Account in the future, please notify the IA in writing.)</li> </ul>
† Estimated No. of Applications for Individual Licence to be Submitted to IA per Month (based on the records for the last six months)	<ul> <li>□ Application seldom made</li> <li>□ 10 to 50 applications</li> <li>□ More than 50 applications</li> <li>□ Less than 10 applications</li> <li>□ More than 100 applications</li> </ul>
† Do you Intend to Open an Alternate Supervisor Account?	☐ Yes ☐ No
Estimated No. of Administration Accounts to be Opened by Supervisor Account	

Version: September 2019 1



# III. Information on Proposed Owner of Supervisor Account

				Person in Intermediary e Officer (for Licensed	☐ Yes ☐ No	
Insurance Agency/Ins		-	-	e Officer (for Elcenseu	la les la No	
Name in English	Surna	omo	E	irst/Other Names	Name in Chinese (if any)	
Hong Kong Identity		ine		il Strottier Names		
(First 4 characters (e.g. A1				Position		
Mobile Phone No.				Email Address		
(For receiving One-Time F				(For receiving account		
(OTP) for account activation communication with IA via				activation email and communication with IA.)	Please underline nu	meric characters.
V. Declaration by	y Propose	d Super	visor Acc	count Owner		
l,				, hereby declare	and confirm that:	
I agree to act as	the Supervis	or Accoun	t Owner.	. ,		
_	•			any documents in conne	ction with this Applicatio	n are <b>COMPLETE</b> ,
TRUE and CORE						
	-	-	-	the IA appointing me as the		
		-		of the attached Personal provided to the IA in (or in		
				ed Personal Information Co	,	on or will provide in
	-	-		urther information or docu		
		-	pe bound by	the attached terms and c	onditions applicable to th	ne use of the Online
Portal and related	d services/fu	nctions.				
Signature of P	roposed of S	Supervisor	Account Ov	vner	Date	
Signature of P  V. Declaration by	-	-	Account Ov	vner	Date	
V. Declaration by	y Principa	l nat:				
V. Declaration by  I/We hereby declare a  I am/We are duly	y Principal nd confirm the authorized t	l nat: o endorse	this declara	ation and make this Applic	ation for the Supervisor <i>I</i>	
V. Declaration by  I/We hereby declare a  I am/We are duly  I/We believe the	y Principal nd confirm the authorized t	l nat: o endorse	this declara		ation for the Supervisor <i>I</i>	
I/We hereby declare a I am/We are duly I/We believe the of the Principal. I/We believe all the	y Principal nd confirm the vauthorized to proposed Su	l nat: o endorse pervisor A	this declara	ation and make this Applic	ation for the Supervisor A	r Account on behalf
<ul> <li>I/We hereby declare a</li> <li>I am/We are duly</li> <li>I/We believe the of the Principal.</li> <li>I/We believe all to CORRECT.</li> <li>I/We understand</li> </ul>	y Principal and confirm the authorized to proposed Su the information that if there	nat: o endorse pervisor A on and do is any cha	this declara ccount Own cuments giv	ation and make this Application is suitable to control an	ation for the Supervisor Admanage the Supervison his Application are <b>COM</b>	r Account on behalf PLETE, TRUE and
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 $<sup>^\</sup>dagger$  Please tick the appropriate box.



## **Terms and Conditions**

By opening the Supervisor Account (the "Account"), you unconditionally agree to be bound by the following:

- Username and password of the Supervisor Account Owner must remain in his/her possession and control, and be used solely by himself/herself to login to the Account.
- The Supervisor Account Owner shall act in good faith and exercise all diligence in carrying out his/her duties in relation to the use of the Online Portal.
- The Supervisor Account Owner should ensure the Administration Accounts opened are appropriate and their owners shall act in good faith and exercise all diligence in carrying out their duties in relation to the use of the Online Portal.
- The Supervisor Account Owner must ensure the account opening procedures for Administration and Individual Accounts are adequate, in particular, the internal control procedures for passing the Account Opening Password to the Individual Account Owners.
- The Supervisor Account Owner must comply with the relevant regulatory requirements in handling any personal data belonging to the owners of the Administration and the Individual Accounts and administered by the principals.

### Personal Information Collection Statement ("PICS")

This PICS is made by the Insurance Authority ("IA") to comply with the notification requirements of the Personal Data (Privacy) Ordinance (Cap. 486) (the "PDPO"). You are advised to read it carefully as it sets out the policies and practices of the IA with regard to your personal data (as defined in the PDPO), the purposes for which the IA may collect and use your personal data and the persons to whom your personal data may be transferred.

#### **Purpose of Collection**

The personal data provided in (and in support of) this application by you or by any other persons may be used and held by the IA for one or more of the following purposes:

- (a) to administer and/or enforce the provisions of any relevant ordinances (including the Insurance Ordinance (Cap. 41) (the "Ordinance")) and any regulations, rules, codes, guidelines and circulars made or promulgated pursuant to the powers vested in the IA as in force at the relevant time and to carry out its functions as a regulator of the insurance industry, including:
  - (i) to process any application(s) you may make to or received by the IA under the Ordinance;
  - (ii) to consider any application(s) under the Ordinance where you may otherwise have a connection;
- (b) any other purposes as permitted by the laws of Hong Kong.

You are obliged to supply the requested personal data in response to any request from the IA in exercising its powers or carrying out its functions (including processing your application(s)). Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions (including processing your application(s)) and may affect the IA's assessment of your fitness and properness under the Ordinance.

#### Access to Data

Under the PDPO, you have the right to request access to and/or for correction of your personal data held by the IA. Please complete a "Data Access Request Form" and send it by post to the Data Privacy Officer of the IA at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong for processing of your request. The IA has the right to charge a reasonable fee for processing any such request.

#### **Enquiries**

Any enquiries regarding the personal data collected, used or transferred by the IA, or requests for access to and/or correction of, your personal data held by the IA should be made in writing to:

The Data Privacy Officer Insurance Authority 19/F, 41 Heung Yip Road Wong Chuk Hang Hong Kong

A copy of the IA's Privacy Policy is made available at the IA's website.