

**Insurance Intermediary Licence Applicant/Licensee/
Related Person¹ of Licence Applicant/Licensee**
Information on Other Licence(s) Granted by Financial Regulators/
Self-Regulatory Organizations for Insurance Intermediaries

Please complete this Form if you have ever been licensed by or registered with any financial regulators/self-regulatory organizations for insurance intermediaries other than the Insurance Authority, Securities and Futures Commission, Hong Kong Monetary Authority, Mandatory Provident Fund Schemes Authority, Insurance Agent Registration Board, Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association.

If there is not enough space, please provide the required information on a separate sheet.

Name of Applicant	
Name and Country of Regulatory Body	
Licence No./Registration No.	
Licence Status (e.g. Active, Suspended or Terminated)	
<p>† If there is/was any condition intervention or statutory requirement imposed on your licence or registration, please provide the relevant details below.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

*Name of Licence Applicant/Licensee/
Related Person of Licence
Applicant/Licensee
(*Please delete where appropriate.)

Signature

Date

¹ Including a sole proprietor, partner, director and controller