

**Insurance Intermediary Licence Applicant/Licensee/  
Related Person<sup>1</sup> of Licence Applicant /Licensee**  
Information on Bankruptcy, Liquidation or Similar Proceedings

Please complete this Form if you have ever entered into a voluntary arrangement or scheme of arrangement with creditors, have been adjudicated bankrupt, or you are currently subject to receivership, administration, liquidation, bankruptcy or other similar proceedings.

Please provide a copy of the relevant documents (e.g. certificate of discharge), and reference letters concerning your fitness and properness to carry on regulated activities under the Insurance Ordinance.

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

<b>Name of Applicant</b>	
<b>Relevant Details</b>	
1. Commencement date of the bankruptcy order, voluntary arrangement or similar proceedings	
2. Please specify (a) whether you have been discharged from the bankruptcy order; (b) status of the bankruptcy proceedings; (c) terms and status of the voluntary arrangement or scheme of arrangement; and (d) details of the terms and status of the liquidation (where applicable)	
3. Details of the circumstances which led to the bankruptcy order, bankruptcy proceedings, the voluntary arrangement, scheme of arrangement and liquidation (where applicable) (including the amount of debts involved)	

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Including a sole proprietor, partner, director and controller