

**Insurance Intermediary Licence Applicant/Licensee/
Related Person¹ of Licence Applicant/Licensee**
Information on Disciplinary Action Record

Please complete this Form if you have ever been disciplined by a professional, trade or regulatory body.

Please provide a copy of (a) the disciplinary documents (including correspondence, report, submissions and decision letter); and (b) 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.

Name of Applicant	
Relevant Details	
1. Name of the professional, trade or regulatory body	
2. Background information	
3. Details of the disciplinary sanction (including the date of the decision, sanction and penalty imposed)	

*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