

Application for Insurance Agency Licence

For Official Use				
O	D	N	1 st Review	
C	S	F	2 nd Review	
			Approved	

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

I. Particulars of Applicant

Name in English					
Name in Chinese (if any)					
Former/Other Name(s) in English (if any)					
Former/Other Name(s) in Chinese (if any)					
†Form of Ownership	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship				
<u>For Company Only</u> Company Registration No.		Business Registration No.		Financial Year End (DD/MM)	
Place of Incorporation/Place of Formation	<i>Please provide a copy of Certificate of Incorporation. For non-HK Company, please also provide a copy of Certificate of Registration.</i>				
Date of Incorporation/ Formation (DD/MM/YY)		<u>For non-HK Company only</u> Date of Registration (DD/MM/YY)			
Address of Registered Office/Principal Place of Business in HK					
Other Business Address(es) in HK (If there is not enough space, please provide the required information in a separate sheet.)	<i>Please state "Nil" if you carry on business in the above registered office or place of business only.</i>				
Telephone No.		Fax No. (if any)			
Email Address		Website Address (if any)			

**II. Other Business of Applicant**

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

† Are you carrying on any business?

☐ Yes (If Yes, please provide the following information on your major business. For an overseas company, please also provide information on the business carried on in your home country and other branches.)

Nature of Major Business		
Year of Commencement of Business		
Brief Description of Business		

☐ No

III. Licence(s) Granted by Financial Regulator(s)

1. † Have you ever been registered with the Mandatory Provident Fund Schemes Authority ("MPFA")?

☐ Yes (If Yes, please provide your MPF registration no.: _____) ☐ No

2. † Have you ever been licensed by the Securities and Futures Commission ("SFC")?

☐ Yes (If Yes, please provide your SFC licence no.: _____) ☐ No

3. † Have you ever been registered with the Hong Kong Monetary Authority ("HKMA")?

☐ Yes (If Yes, please provide your HKMA registration no.: _____) ☐ No

4. † Have you ever been licensed by or registered with other financial regulators, or self-regulatory organizations for insurance intermediaries in or outside Hong Kong (including Insurance Agents Registration Board, The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association)?

☐ Yes (If Yes, please provide the name of the regulatory body/organization and registration no.)

Name: _____ Registration No.: _____

☐ No

**IV. Proposed Responsible Officer(s)**

Please list your proposed Responsible Officer(s) in the table below and submit **Form A3 - Application for Responsible Officer** for each proposed Responsible Officer.

Name of Proposed Responsible Officer	† Insurance Intermediary Licence No. (if applicable)
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No

V. Directors and Controllers

Please list your directors and controllers in the table below and submit **Form S5/S6 – Information on Director/Controller (Individual)/(Body Corporate)** (as applicable) for each director and controller.

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

Name of Director/Controller	Capacity (Shareholder/Director/Sole Proprietor/Partner) <i>(For shareholder controller, please show shareholding in brackets.)</i>

VI. Appointing Principal(s)

Name of Appointing Principal(s) (i.e. Authorized Insurer)	Line of Business*
1.	
2.	
3.	
4.	

* Please state the numeric code for the relevant line of business.

1. General	4. General and Long Term excluding Linked Long Term
2. Long Term excluding Linked Long Term	5. General and Long Term including Linked Long Term
3. Long Term including Linked Long Term	6. Restricted Scope Travel

**VII. Character, Financial Status, Disciplinary Action & Investigation**

[†] If you answer “Yes” to any of the following questions, please provide details of the relevant case/matter on a separate document (i.e. date of event, description of the case/matter, your role or involvement in the case/matter, outcome or current status of the case/matter) with relevant supporting document(s).

1. Have you ever failed to comply with any requirements in relation to the carrying on of regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been refused or restricted from the right to carry on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been: (a) a controller, director or partner of another business entity in Hong Kong [#] or elsewhere; and if so (b) whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been a controller, director or partner of another business entity in Hong Kong or elsewhere [#] , which, (a) with the consent or connivance of, or because of the neglect or omission by you, failed to comply with any requirements under any laws, or any rules, regulations, codes or guidelines made or issued under any laws, or any other regulatory requirements; or (b) has been convicted of a criminal offence ¹ (except for a minor offence) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges ¹ (except for a minor offence) in Hong Kong or elsewhere; or (c) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been subject to receivership, administration, liquidation or other similar proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever entered into a scheme of arrangement with your creditors or failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

[#] Business entity means a sole proprietorship, a partnership or a company.

¹ Section 2(1) and (1A) of the Rehabilitation of Offenders Ordinance (Cap. 297) (“ROO”) provides the legal basis for a person not to have to disclose certain convictions when asked for past conviction records. However, there are exceptions to this. One of the exceptions concerns applications to the Insurance Authority to be licensed as a licensed insurance broker or a licensed insurance agent, or to be approved as a responsible officer of a licensed insurance broker company or a licensed insurance agency within the meaning of that Ordinance.

This means applicants must disclose to the Insurance Authority any records of conviction of a criminal offence including any conviction that falls under the ambit of section 2(1) and (1A) of the ROO, when applying for an intermediary licence or approval with the Insurance Authority.

The only exception to this is that a “minor offence” need not be disclosed. A “minor offence” is an offence punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), an offence under regulation 33(6) of Road Traffic (Traffic Control) Regulations (Cap. 374G), any offence under the now expired Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I), or an offence of similar nature committed in a place outside Hong Kong.

**VIII. Declaration by Applicant**

I/We _____ hereby declare and confirm that:

Name of Applicant

- The board of directors/ the partnership has passed a resolution to approve the Applicant to make this application (where applicable).
- I am/We are applying for an Insurance Agency Licence to carry on regulated activities as set out in the Insurance Ordinance ("IO").
- I am providing/We are duly authorized to provide this Application and declaration for the purpose of applying an Insurance Agency Licence.
- All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- I/We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO.
- I/We understand that Insurance Authority ("IA") may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I/We understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA making a decision in respect of this Application, I/we must notify the IA of the changes in writing as soon as practicable.
- I/We understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate. I/We also understand that the IA may ask us to give written consent to enable it to assess our fitness and properness.
- I/We have read, understood and we agree to the attached Personal Information Collection Statement.
- I/We consent to the IA using any personal data we have provided to the IA in (or in support of) this Application or will provide in the future, for the purposes described in the attached Personal information Collection Statement.

Name of Director/Sole Proprietor/Partner

Signature

Date

WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION.

**IX. Declaration by Appointing Principal(s) (i.e. An Authorized Insurer)**

- We **CONFIRM** that the Applicant is duly appointed as our agent.
- We declare that, to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- We **BELIEVE** that the Applicant has complied with the “fit and proper” requirements stipulated in section 64ZZA of the Insurance Ordinance and all relevant guidelines and codes issued by the Insurance Authority.

Appointing Principal 1				(Company Chop)
Reference No.*				
Name of Authorized Person				
Authorized Signature		Date		
Contact Person Details				
	Name	Position	Email	Phone

Appointing Principal 2				(Company Chop)
Reference No.*				
Name of Authorized Person				
Authorized Signature		Date		
Contact Person Details				
	Name	Position	Email	Phone

Appointing Principal 3				(Company Chop)
Reference No.*				
Name of Authorized Person				
Authorized Signature		Date		
Contact Person Details				
	Name	Position	Email	Phone

Appointing Principal 4				(Company Chop)
Reference No.*				
Name of Authorized Person				
Authorized Signature		Date		
Contact Person Details				
	Name	Position	Email	Phone

*Reference No. of the Appointing Principal is the file no. (for authorized insurer) or licensed no. (for licensed insurance agency or licensed insurance broker company) (if any).

Please be reminded that Appointing Principal(s) are responsible for verifying the information provided in this Application and any documents in connection with this Application.

X. Contact Person Regarding Any Queries on This Application

Name		Position and Department	
Telephone No.		Email Address	

Originally signed Application should be sent to:

Conduct Supervision Division (Licensing)
Insurance Authority
19/F, 41 Heung Yip Road
Wong Chuk Hang
Hong Kong



Personal Information Collection Statement ("PICS")

This PICS is made by the Insurance Authority (the "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 your rights in relation 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 (on your behalf) 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 and guidelines 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 (and received by) the IA under the Ordinance;
 - (ii) to assess your fitness and properness in relation to any of your application(s) for licensing or approval (as the case may be) under the Ordinance;
 - (iii) to monitor your fitness and properness to remain licensed or approved (as the case may be) under the Ordinance;
 - (iv) to consider any application(s) under the Ordinance where you may otherwise (directly or indirectly) have a connection with;
 - (v) to display your personal data on the public registers established by the IA and/or the website of the IA (where applicable);
 - (vi) to investigate complaints and handle enquiries;
 - (vii) to conduct legal proceedings, inspection, investigation, enforcement or disciplinary actions;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical purposes; and/or
- (d) 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. Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions and may affect your fitness and properness under the Ordinance and/or bring serious consequences.

Transfer/Matching of Personal information

In performing the IA's functions under the relevant laws and regulations, your personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institution/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other local and/or regulatory/government/judicial bodies outside Hong Kong as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and other regulators/authorities (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may be used by the IA and/or disclosed or transferred by the IA to the bodies listed above for the purposes of comparing, verifying and/or carrying out a matching procedure¹ of those data.

Public Registers

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

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" (which is available at the IA's website) 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 provided to 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.

¹ "matching procedure" is defined in section 2 of the PDPO.



**Application for Insurance Intermediary Licence by
Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker)**
Pursuant to Section 64W, 64Y or 64ZC of the Insurance Ordinance (Cap. 41)

For Official Use					
O	D	N	C	S	F
1 st Review		2 nd Review		Approved	

Please read the Notes on Application and complete all items in BLOCK LETTERS. All amendments must be signed by the Applicant. Before submission, please ensure the Applicant is currently not a licensed insurance intermediary.

† Licence applied <input type="checkbox"/> Individual Insurance Agent Licence <input type="checkbox"/> Technical Representative (Agent) Licence <input type="checkbox"/> Technical Representative (Broker) Licence	Corresponding Appointing Principal Authorized Insurer Licensed Insurance Agency Licensed Insurance Broker Company
† Duration of Licence being Applied for <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	† Eligible Line(s) of Business for which you are applying * <input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel Business <small>* Line of Business: G – General; LT – Long Term; Excl.LLT – Excluding Linked Long Term; Incl.LLT – Including Linked Long Term</small>

I. Particulars of Applicant

Name in English	<i>Surname</i>	<i>First/ Other Names</i>	Name in Chinese	
Former Name in English (if any)	<i>Surname</i>	<i>First/ Other Names</i>	Former Name in Chinese (if any)	
Date of Birth (DD/MM/YY)			† Nationality	<input type="checkbox"/> Chinese <input type="checkbox"/> Others (please specify) _____
Hong Kong Identity Card No.				
Chinese Commercial Code (if any)				
<u>This part needs to be completed by Non-HK Permanent Resident only</u>				
Travel Document No.: _____				
† Do you hold a valid visa or permit which does not restrict you from carrying on any regulated activity in Hong Kong? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Daytime Contact No.		Mobile Phone No. (For receiving SMS)		Email Address (Please underline numeric characters)	
Business Address					
Residential Address (Hotel, Student Hall, Non-HK address and PO box are not accepted)					

II. Employment, Directorship & Relationship with Licensed Insurance Agency/ Broker Company

1. Current/ Last Employment Information (Based on Contract of Employment)

Please provide information about your current employment (or last employment if you have no employment currently).

Name of Employer: _____ † ☐ Current Employer
Position: _____ ☐ Last Employer
Period: (MM/YYYY - MM/YYYY): _____ ☐ Not Applicable
(Reason: _____)

2. Current Directorship

† Are you currently a director of a company? If Yes, please provide the relevant details, including (i) name of company, (ii) approximate year(s) of directorship and (iii) nature and state of affairs of its business on a separate sheet.

☐ Yes ☐ No

3. Current relationship with any Licensed Insurance Agency (other than your employment with your Appointing Principal(s))

† Are you currently a proprietor, a partner, an employee or a director of a licensed insurance agency? If Yes, please provide the relevant details, including (i) name and licence no. of the agency; (ii) your capacity and (iii) a brief description of your duties and responsibilities in the agency on a separate sheet.

☐ Yes ☐ No

4. Current relationship with any Licensed Insurance Broker Company (other than your employment with your Appointing Principal(s)).

† Are you currently an employee or a director of a licensed insurance broker company? If Yes, please provide the relevant details, including (i) name and licence no. of the broker company; (ii) your capacity and (iii) a brief description of your duties and responsibilities in the broker company on a separate sheet.

☐ Yes ☐ No

**III. Licence(s) Granted by Financial Regulator(s)**

1.	† Have you ever been registered with the Mandatory Provident Fund Schemes Authority (“MPFA”)?
<input type="checkbox"/> Yes	(If Yes, please provide your MPF registration no.: _____) <input type="checkbox"/> No
2.	† Have you ever been licensed by the Securities and Futures Commission (“SFC”)?
<input type="checkbox"/> Yes	(If Yes, please provide your SFC licence no.: _____) <input type="checkbox"/> No
3.	† Have you ever been registered with the Hong Kong Monetary Authority (“HKMA”)?
<input type="checkbox"/> Yes	(If Yes, please provide your HKMA licence no.: _____) <input type="checkbox"/> No
4.	† Have you ever been licensed by or registered with other financial regulators, or self-regulatory organizations (“SRO”) for insurance intermediaries in or outside Hong Kong (including Insurance Agents Registration Board, The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association)?
<input type="checkbox"/> Yes	(If Yes, please provide the name of the regulatory body/organization and your registration no. Please also complete Form S1 except for registration with SRO in Hong Kong.)
	Name: _____ (Registration No.: _____)
	(If the Applicant had been registered with more than one SRO, only the last registration record is required.)
<input type="checkbox"/> No	

IV. Insurance Intermediaries Qualifying Examination (Please provide supporting documents.)

Examination Paper	Principles and Practice of Insurance	General Insurance	Long Term Insurance	Investment-linked Long Term Insurance	Travel Insurance Agents
† Examination Result/Exemption	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered	<input type="checkbox"/> Pass <input type="checkbox"/> Exempt <input type="checkbox"/> Grandfathered
† Are you relying on Remote Invigilation Mode Examination (RIME) passing results in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**V. Education/ Professional Qualification (Please provide supporting documents.)**

[†] Do you possess any one of the following qualifications?

☐ Yes (If Yes, please indicate the qualification(s) you possess.)

- ☐ **Hong Kong Diploma of Secondary Education Examination** (Level 2 or above in 5 subjects, including Chinese or English, and Mathematics) or **Hong Kong Certificate of Education Examination** (Grade E or above in 5 subjects, including Chinese or English* and Mathematics)

**Grade C in English (Syllabus A) is recognised as equivalent to Grade E in English (Syllabus B)*

☐ **International Baccalaureate Diploma**

☐ **Diploma Yi Jin** (including completion of Maths Plus elective course)

☐ **Diploma or degree granted by a degree-awarding higher education institution established or registered under an Ordinance of Hong Kong**

☐ [†] **Insurance Qualification**

(Please refer to the information published at the website of the Insurance Authority for details about the following qualification.)

☐ ANZIIF (Snr Assoc)

☐ ANZIIF (Fellow)

☐ ACII

☐ FCII

☐ Chartered Financial Planner

☐ CLU

☐ CPCU

☐ Hong Kong Diploma in Insurance Studies

☐ FIAA

☐ FIA/FFA

☐ FLMI

☐ FSA

☐ No (If No, please provide below information on your education/professional qualification and/or exemption.)

Education/ Professional Qualification

Qualification	
Discipline	
Name of Institution	
Country or Place of Institution	

Exemption

- ☐ Please tick this box if you are exempted from the criteria under paragraph 5.2(a) of the Guideline on "Fit and Proper" Criteria for Licensed Insurance Intermediaries under the Insurance Ordinance (Cap.41) in relation to an application for Individual Insurance Agent Licence, Technical Representative (Agent) Licence or Technical Representative (Broker) Licence.

**VI. [†]Character, Financial Status, Disciplinary Action & Investigation**

1.	Have you ever failed to comply with any requirements while carrying on any regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been found by a court or other competent authority in Hong Kong or elsewhere to be liable for fraud, dishonesty or misfeasance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been disqualified by a court in Hong Kong or elsewhere from being a director of a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a criminal offence ¹ (except for a minor offence) by any court in Hong Kong or elsewhere or are you the subject of unresolved criminal charges ¹ (except for a criminal charge in relation to a minor offence) in Hong Kong or elsewhere? (If yes, please complete Form S3.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been refused or restricted from carrying on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere? (If yes, please complete Form S4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been dismissed or requested to resign from any position or office in Hong Kong or elsewhere for misconduct, negligence, incompetence or mismanagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been: (a.) a controller, director or partner of a business entity in Hong Kong or elsewhere; and if so (b.) whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been adjudged by a court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or other misconduct towards a business entity or any of its members in connection with the formation or management of the business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been a controller, director or partner of a business entity in Hong Kong or elsewhere which:- (a.) with the consent or connivance of, or because of your negligence or omission, has failed to comply with any requirements under any laws, or any rules, regulations, code or guidelines made or issued under any laws, or any other regulatory requirements? Or (b.) has been convicted of a criminal offence ¹ (except for a minor offence) by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges ¹ (except for a minor offence) in Hong Kong or elsewhere? Or (c.) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever entered into a voluntary arrangement with creditors, or been adjudicated bankrupt by a court, or are you currently subject to bankruptcy proceedings in Hong Kong or elsewhere? (If yes, please complete Form S2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been found by a court to be mentally incapacitated, or are you detained in a mental hospital, under the Mental Health Ordinance (Cap. 136)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Section 2(1) and (1A) of the Rehabilitation of Offenders Ordinance (Cap. 297) ("ROO") provides the legal basis for a person not to have to disclose certain convictions when asked for past conviction records. However, there are exceptions to this. One of the exceptions concerns applications to the Insurance Authority to be licensed as a licensed insurance broker or a licensed insurance agent, or to be approved as a responsible officer of a licensed insurance broker company or a licensed insurance agency within the meaning of that Ordinance.

This means applicants must disclose to the Insurance Authority any records of conviction of a criminal offence including any conviction that falls under the ambit of section 2(1) and (1A) of the ROO, when applying for an intermediary licence or approval with the Insurance Authority.

The only exception to this is that a "minor offence" need not be disclosed. A "minor offence" is an offence punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), an offence under regulation 33(6) of Road Traffic (Traffic Control) Regulations (Cap. 374G), any offence under the now expired Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I), or an offence of similar nature committed in a place outside Hong Kong.



(If the answer to any one or more of the above 14 questions is/are “Yes”, please tick the appropriate box below:)

- ☐ I have already provided the Insurance Authority with the details of the relevant case/ matter and the Insurance Authority can rely on the information and documents that I have previously provided in considering this application.
- ☐ I have not provided the Insurance Authority with details of the relevant case/ matter. In order for the Insurance Authority to consider this application, I complete and enclose the relevant supplemental form and/ or provide details of the relevant case/ matter on a separate sheet, including date of the relevant event, name of regulatory/ criminal investigatory/ professional body (if applicable), description of the case/ matter, my role/ involvement in the case/ matter, and outcome and current status of the case/ matter.

VII. Appointing Principal(s)

Name of Appointing Principal	Appointing Line of Business*
1.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
2.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
3.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
4.	<input type="checkbox"/> G <input type="checkbox"/> G & LT Excl.LLT <input type="checkbox"/> LT Excl.LLT <input type="checkbox"/> G & LT Incl.LLT <input type="checkbox"/> LT Incl.LLT <input type="checkbox"/> Restricted Scope Travel
* Please tick the relevant Line of Business which the Appointing Principal has authorized/ will authorize the Applicant to carry on. Line of Business: G – General; LT – Long Term; Excl.LLT – Excluding Linked Long Term; Incl.LLT – Including Linked Long Term	

**VIII. Declaration by Applicant**

I, _____, hereby declare and confirm that:

Name of Applicant

- I am applying to become a licensed Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker) as indicated in this Application.
 - All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
 - I agree to be appointed as a licensed Individual Insurance Agent/ Technical Representative (Agent)/ Technical Representative (Broker) of the Appointing Principal(s).
 - I understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the Insurance Ordinance.
 - I understand that the Insurance Authority ("IA") may take criminal and/ or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
 - I understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA's making a decision in respect of this Application, I must notify the IA of the changes in writing as soon as practicable.
 - I understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate in the assessment of this application. I also understand that the IA may ask me to give written consent to enable it to assess my fitness and properness.
 - I consent to the IA using any of my personal data I or my Appointing Principal(s) has/ have provided to the IA in (or in support of) this Application or will provide in the future in connection with this Application or the licence which the IA grants under this Application, for the purposes described in the attached Personal Information Collection Statement.
 - I have read, understood and I agree to the attached Personal Information Collection Statement.
- ☐ I am holding a licence that is different to the type of licence applied for in this application. By ticking this box, I confirm that I will request all the appointing principal(s) of that licence to terminate my appointment as its/ their agent and I request the IA, under section 64ZQ of the IO, to revoke that licence when (and if) the IA grants the licence applied for under this Application.[†]

Signature of Applicant

Date

WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION, OR OMIT MATERIAL PARTICULARS, IN CONNECTION WITH THIS APPLICATION.



IX. Declaration by Appointing Principal(s)

(Authorized Insurer, Licensed Insurance Agency or Licensed Broker Company as applicable)

- We **CONFIRM** that the Applicant is duly appointed as our Individual Insurance Agent/Technical Representative (Agent)/Technical Representative (Broker) in the line of business concerned as indicated in this Application.
- We declare that, to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE** and **CORRECT**.
- We **BELIEVE** that the Applicant has complied with the “fit and proper” requirements stipulated in section 64ZZA of the Insurance Ordinance and all relevant guidelines and codes issued by the Insurance Authority.

Appointing Principal 1				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone
Appointing Principal 2				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone
Appointing Principal 3				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone
Appointing Principal 4				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

* Reference No. - Company Registration No. for Authorized Insurer and Insurance Intermediary Licence No. for Licensed Insurance Agency/Insurance Broker Company.

** For an authorized insurer, this Application Form should be signed by its Director/Key Person in Intermediary Management Function/a person authorized by its Board of Directors. For a licensed insurance agency/broker company, this Application Form should be signed by its Responsible Officer/Director/a person authorized by its Board of Directors/Sole Proprietor/Partner (where applicable).

Please be reminded that Appointing Principal(s) are responsible for verifying the information provided in this Application and any documents in connection with this Application.



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 assess your fitness and properness in relation to any of your application(s) for licensing or approval (as the case may be) under the Ordinance;
 - (iii) to monitor your fitness and properness and your status to remain licensed or approved (as the case may be) under the Ordinance;
 - (iv) to consider any application(s) under the Ordinance where you may otherwise have a connection;
 - (v) to display and publish personal data on the public registers maintained under the Ordinance (where applicable);
 - (vi) to investigate complaints and handle enquiries;
 - (vii) to conduct legal proceedings, inspection, investigation, and taking enforcement or disciplinary actions;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical and research purposes; and/or
- (d) 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.

Transfer/Matching of Personal Data

In performing the IA's functions under the relevant laws and regulations, your personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institutions/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other regulators or regulatory/government/judicial bodies as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and such regulators/bodies (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may also be used by the IA and/or disclosed or transferred by the IA to the parties listed above for the purposes of comparing, verifying and/or carrying out a matching procedure¹ of those data.

Public Registers

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

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" (which is available at the IA's website) 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.

¹ "matching procedure" is defined in section 2 of the PDPO.

**Notification of Appointment of a Licensed Insurance Intermediary
to carry on regulated activities in one or more line(s) of business
by Appointing Principal(s)**

Pursuant to Section 64Q of the Insurance Ordinance (Cap. 41)

For Official Use					
C		SA		LN	
Check		Update		Verify	

Please complete all items in BLOCK LETTERS. All amendments must be signed by the relevant party and original signed copy should be submitted.

I. Particulars of Licensed Insurance Intermediary

Insurance Intermediary Licence No.		Name in English	
† Type of licence	<input type="checkbox"/> Insurance Agency <input type="checkbox"/> Individual Insurance Agent <input type="checkbox"/> Technical Representative (Agent) <input type="checkbox"/> Technical Representative (Broker)		

II. Particulars of the Appointing Principal(s) of the Licensed Insurance intermediary and the line(s) of business the Licensed Insurance Intermediary will be appointed to carry on

Name of Appointing Principal (in English)	Are you an existing Appointing Principal of the Licensed Insurance Intermediary?	Specify ALL the line(s) of business the Licensed Insurance Intermediary will carry on for the Appointing Principal*	Specify the Date the Licensed Insurance Intermediary will carry on ALL the line(s) of business #
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Please state the numeric code for the relevant Line(s) of Business which the Licensed Insurance Intermediary will carry on as an agent of the Appointing Principal.

- | | |
|---|---|
| 1. General | 4. General and Long Term excluding Linked Long Term |
| 2. Long Term excluding Linked Long Term | 5. General and Long Term including Linked Long Term |
| 3. Long Term including Linked Long Term | 6. Restricted Scope Travel |

Appointing Principal must notify the Insurance Authority ("IA") **at least 14 days before** the intended appointment of the Licensed Insurance Intermediary to carry on the line(s) of business. If there is any change in the intermediary's particulars (e.g. business address, telephone number or electronic mail address etc.), a completed Form N3 (for individual) or N4 (for business entity) shall also be submitted to the IA within 14 days after the date on which the change takes place for notification purposes.

**III. Declaration by Licensed Insurance Intermediary**

I/ We, _____, hereby declare and confirm that:

Name of Licensed Insurance Intermediary

- I/ We agree or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the relevant Line(s) of Business as stated in Section II.
- I/ We have obtained consent from my existing Appointing Principal(s), if any, for me/ us to be appointed or continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- I/ We understand that the IA may make such enquiries and seek further information or documents as it thinks appropriate.
- I/ We have read, understood and I/ we agree to the attached Personal Information Collection Statement.

Signature of Licensed Insurance Intermediary
(Company chop is required for Licensed Insurance Agency)

Date

IV. Declaration by Existing Appointing Principal(s) (if applicable)

All existing Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby **CONFIRM** that:

- We consent the Licensed Insurance Intermediary to be appointed/ continue to be appointed as an agent of the Appointing Principal(s) to carry on regulated activities in the line(s) of business as stated in Section II above.
- All the information provided in this Notification are **COMPLETE, TRUE and CORRECT**.
- We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.

Existing Appointing Principal 1				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

Existing Appointing Principal 2				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone



Existing Appointing Principal 3				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

Existing Appointing Principal 4				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

V. Declaration by New Appointing Principal(s) (if applicable)

All new Appointing Principal(s) of the Licensed Insurance Intermediary (if any), is/ are required to complete this declaration.

We hereby CONFIRM that:				
<ul style="list-style-type: none">We will appoint the Licensed Insurance Intermediary to carry on regulated activities in the line(s) of business as an agent of the Appointing Principal(s) as of the date stated in Section II above.We understand and accept that the Licensed Insurance Intermediary is appointed by the existing Appointing Principal(s) stated in Section IV above to carry on regulated activities as an agent of the existing Appointing Principal(s).We declare that to the best of our knowledge and belief all the information and documents given in (or in support of) this Notification is COMPLETE, TRUE and CORRECT.We understand that the IA may make enquiries and seek further information or documents as it thinks appropriate in connection with this Notification.We understand that the IA may take disciplinary action against a person who has given false or misleading information or omitted a material particular in this Notification.We believe that the Licensed Insurance Intermediary is a "fit and proper" person to carry on regulated activities in the line(s) of business as stated in Section II above.We will comply with the Personal Data (Privacy) Ordinance (Cap. 486) and all relevant guidelines issued by the Office of the Privacy Commissioner for Personal Data, Hong Kong, in relation to any personal data collected from the Licensed Insurance Intermediary.				

New Appointing Principal 1				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone



New Appointing Principal 2				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

New Appointing Principal 3				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

New Appointing Principal 4				(Company Chop)
Reference No.*				
Name and Position of Authorized Person				
Authorized Signature**		Date		
Contact Person Details				
	Name	Position	Email	Phone

Remarks:

* Reference No. - Company Registration No. for Authorized Insurer and Insurance Intermediary Licence No. for Licensed Insurance Agency/ Licensed Insurance Broker Company.

** For an authorized insurer, this Notification Form should be signed by its Director/ Key Person in Intermediary Management Function/ a person authorized by its Board of Directors. For a Licensed Insurance Agency/ Licensed Insurance Broker Company, this Notification Form should be signed by its Responsible Officer/ Director/ a person authorized by its Board of Directors/ Sole Proprietor/ Partner (where applicable).



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 the personal data (as defined in the PDPO), the purposes for which the IA may collect and use the personal data and the persons to whom the personal data may be transferred.

Purpose of Collection

The personal data provided in (and in support of) this notification 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)/notification(s) received by the IA under the Ordinance;
 - (ii) to assess the fitness and properness of any person in relation to licensing or approval (as the case may be) under the Ordinance;
 - (iii) to monitor the fitness and properness of any licensed insurance intermediaries or responsible officers to remain licensed or approved (as the case may be) under the Ordinance;
 - (iv) to consider any application(s) under the Ordinance where the licensed insurance intermediaries or responsible officers may otherwise have a connection;
 - (v) to display and publish personal data on the public registers maintained under the Ordinance (where applicable);
 - (vi) to investigate complaints and handle enquiries;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical and research purposes; and/or
- (d) 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. 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 the fitness and properness under the Ordinance.

Transfer/Matching of Personal Data

In performing the IA's functions under the relevant laws and regulations, the personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institutions/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other regulators or regulatory/government/judicial bodies as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and such regulators/bodies (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may also be used by the IA and/or disclosed or transferred by the IA to the parties listed above for the purposes of comparing, verifying and/or carrying out a matching procedure¹ of those data.

Public Registers

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

Access to Data

Under the PDPO, licensed insurance intermediaries and responsible officers have the right to request access to and/or for correction of the personal data held by the IA. Please complete a "Data Access Request Form" (which is available at the IA's website) 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 the 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, the 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.

¹ "matching procedure" is defined in section 2 of the PDPO.