

Supplemental Form
Notification of Termination of Appointment

I. Particulars of Appointing Principal

| Reference No. | | Name of Principal | | | |
|---|------|------------------------------------|--|------------------------|--|
| † Type of Licensed Insurance Intermediary | Name | Insurance Intermediary Licence No. | Effective Date of Termination (DD/MM/YY) | Reason for Termination | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |
| <input type="checkbox"/> Licensed Insurance Agency <input type="checkbox"/> Licensed Individual Insurance Agent <input type="checkbox"/> Licensed Technical Representative (Agent) <input type="checkbox"/> Licensed Technical Representative (Broker) | | | | | |

Name and Position of Authorized Person

Signature of Authorized Person

Date

† Please tick the appropriate box.

Version: September 2019