保險業監管局
Insurance Authority

Form S7

Supplemental Form
Notification of Termination of Appointment

I. Particulars of Appointing Principal

Reference No.		Name of Principal	

II. Termination of Appointment of Licensed Insurance Agency/Individual Insurance Agent/ Technical Representative (Agent)/Technical Representative (Broker)

† Type of Licensed Insurance Intermediary	Name	Insurance Intermediary Licence No.	Effective Date of Termination (DD/MM/YY)	Reason for Termination
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				
☐ Licensed Insurance Agency ☐ Licensed Individual Insurance Agent ☐ Licensed Technical Representative (Agent) ☐ Licensed Technical Representative (Broker)				

Name and Position of Authorized Person | Signature of Authorized Person | Date

† ***Please tick the appropriate box.***
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