

Form IA-IB1

Statement of Personal Information in Support of an Application for Authorization of or Notification of Relevant Changes in respect of Insurance Broker under Section 69 of the Insurance Companies Ordinance

Notes on Completion of this Form

1. If there is insufficient space to complete the answer to any question, please continue on a separate sheet, specify the question to which the sheet relates and add signature of the relevant person.
2. All questions must be answered, if any question is not applicable, please state "N.A.".
3. The relevant person should give written notification to the Insurance Authority forthwith of any subsequent changes relating to information given in this form.
4. A completed form of "Authorization Form to the Commissioner of Police" must accompany this form.

Notes on Personal Information Collection

1. The personal data supplied in the form are for the purposes of processing the application and/or maintaining the statutory register kept under section 69 of the Insurance Companies Ordinance. The purposes of the register are to enable any member of the public to ascertain which insurance brokers are authorized under section 69 of the Insurance Companies Ordinance and the identities of their registered chief executives and technical representatives and to ascertain the particulars of the authorization or registration of such brokers, chief executives and technical representatives. Such data will also be used by the Insurance Authority for purposes of performing his functions, including monitoring or other actions necessary to the discharge of such functions. If the requisite information cannot be provided, the application will not be accepted or the obligation of notification of relevant changes in respect of the insurance broker, as appropriate, will not be treated as fulfilled.
2. In the course of performing his functions, the Insurance Authority may, as permitted by law, match, compare, transfer or exchange the data provided by the relevant person with data held, or hereafter obtained, for these or any other purposes by the Insurance Authority, government bodies, other regulatory authorities, corporations, organizations or individuals in Hong Kong or other jurisdictions for the purpose of verifying those data.
3. The relevant person is entitled under the Personal Data (Privacy) Ordinance to request access to or to request the correction of any personal data supplied by the relevant person, in the manner and subject to the limitations prescribed therein. All enquiries should be directed to the Personal Data Privacy Officer of the Office of the Commissioner of Insurance at 21/F., Queensway Government Offices, 66 Queensway, Hong Kong.

The following are particulars of _____
(name of relevant person)

who is the *sole proprietor/partner/director/controller of _____

(name of insurance broker)

A. Personal Particulars

Name: _____
(Surname) (Other names) (Aliases) (Name in Chinese)

Date of Birth: _____ Place of Birth: _____ Sex: M F

Business Address: _____

Residential Address: _____

Telephone Number (Business): _____ (Residence): _____

Hong Kong Identity Card Number: _____ Passport Number: _____

Nationality: _____ Acquired by: Birth Naturalization

B. Education (Please state in chronological order.)

Secondary School, College, University	Class Attended	Certificate/Diploma/ Degree Attained	Period (Month/Year)	
			From	To

C. Professional/Insurance Qualifications

Particulars of Qualifications	Issuing Authority	Date Obtained (Month/Year)

D. Working Experience (Please state full employment record to date in chronological order, including the capacity as sole proprietor/partner/director.)

Name of Firm/Company	Position Held	Nature of Business	Period (Month/Year)	
			From	To

E. (i) Has the relevant person ever been appointed as an insurance agent?

Yes No

If yes, indicate:

Date of appointment _____

Name(s) of principal(s) _____

(ii) Has the relevant person ever been disciplined or deregistered by the Insurance Agents Registration Board formed under The Hong Kong Federation of Insurers?

Yes No

If yes, give full particulars:

F. (i) Has the relevant person ever applied to become a member of any bodies of insurance brokers?

Yes No

If yes, indicate:

Date of admission as member _____

Name(s) of the body(ies) of insurance brokers _____

(ii) Has the relevant person ever been disciplined or his/her membership revoked by any bodies of insurance brokers?

Yes No

If yes, give full particulars:

G. Does the relevant person hold any business licence(s), such as investment advisor/dealer/ exempt dealer, money lender etc.?

Yes No

If yes, give full particulars:

H. Has any application of the relevant person for authorization/registration as investment advisor/dealer/exempt dealer, money lender etc. been refused or licence been revoked, or any requirement been imposed by any law enforcement body or regulatory authority in Hong Kong or other jurisdictions?

Yes No

If yes, give full particulars:

I. Has the relevant person at any time been convicted of any criminal offence(s), including any conviction(s) which is/are considered spent under the provisions of the Rehabilitation of Offenders Ordinance (Cap. 297) of the Laws of Hong Kong, by any court, including a military tribunal, in Hong Kong or elsewhere?

Yes No

If yes, give full particulars of the court by which he/she was convicted, the offence and the penalty imposed and the date of the conviction:

J. Has the relevant person in the last 10 years, in Hong Kong or elsewhere, been censured, disciplined or publicly criticized by any professional body to which he/she belongs or belonged, or been refused entry to any profession or occupation?

Yes No

If yes, give full particulars:

K. Has the relevant person at any time been adjudicated bankrupt by a court in Hong Kong or elsewhere?

Yes No

If yes, give full particulars:

L. Has the relevant person at any time in the last 10 years failed to satisfy any debt adjudged due and payable by him/her as a judgment-debtor under an order of a court in Hong Kong or elsewhere?

Yes No

If yes, give full particulars:

M. Has the relevant person, in connection with the formation or management of any body corporate, been adjudged by a court in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or other misconduct by him/her towards such a body or towards any members thereof?

Yes No

If yes, give full particulars:

N. Has any body corporate with which the relevant person was associated as a director or controller in the last 10 years, in Hong Kong or elsewhere, been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either whilst he/she was associated with it or within one year after he/she ceased to be associated with it?

Yes No

If yes, give full particulars:

O. Declaration

Part I

I certify that the above information is complete and correct to the best of my knowledge and belief.

Date: _____ Signature of the Relevant Person: _____

Part II

I certify that _____ has supplied the above
(name of relevant person)
information and that in respect of _____
(name of insurance broker)

*he/she is the *sole proprietor/partner/director/controller.

Date: _____ Signature and Company Chop: _____

Name of Signatory: _____
(in block letters)

Position: _____

(Note: Part II of this declaration must be signed by the sole proprietor or a partner/director/chief executive/controller/secretary of the insurance broker.)

*Delete whichever is inappropriate

Insurance Authority
June 2004