

To : Office of the Commissioner of Insurance (OCI) [Fax No. 2869 0252]  
(Attn.: Ms Karen Leung)

Name of Insurer: \_\_\_\_\_

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**Information Disclosure in OCI Website**

† Main Business Address in Hong Kong:

\_\_\_\_\_

\_\_\_\_\_

(In English)

\_\_\_\_\_

\_\_\_\_\_

(In Chinese)

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Official Website Address: \_\_\_\_\_

(Please mark "N/A" if your company has no official website)

**We hereby give consent for the above information and any subsequent changes to be disclosed in the OCI website. We also agree to placing a hyperlink in the OCI website to our official website, if applicable.**

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**Receiving Circulars by Electronic Means**

Please send the circulars to the following designated e-mail address :

\_\_\_\_\_

(Please provide explanation if do not have an e-mail address.)

\*\*\*\*\*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

( \_\_\_\_\_ )  
\*Chief Executive/Director/Company Secretary

Contact Person: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

**IMPORTANT**

Please notify OCI immediately upon any changes to the above information by completing Form IA-32(B).

† The main business address in Hong Kong provided in this form is for the sole purpose of enabling OCI to publish such information on OCI's website. Insurers, however, are required to notify OCI separately in case of any changes in their Principal Place of Business in Hong Kong / Registered Office.

\* Delete as appropriate

Form IA-32(A)