

**APPLICATION FORM
FOR TECHNICAL REPRESENTATIVE REGISTRATION
(YEAR 2019)**

業務代表註冊申請表 (2019年)

For Office Use Only	
App. No.	RE
Cheque No.	
Verified By	
Payment Cleared	
Reg No.	

A. Appointing Member 委任會員

Company Name: 公司名稱		Membership No: 會員編號	
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B. Applicant's Particulars 申請人資料

Name in English 姓名(以英文填寫)	(Surname 姓氏)		(Other name 名字)	
Name in Chinese (if any) 姓名(以中文填寫)	HKID No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期(日/月/年)	/	/
Residential Address(in Eng) 住址(以英文填寫)				
Contact Phone No. 聯絡電話號碼	Email Address 電郵地址			
Education Standard 教育程度	<input type="checkbox"/> Form 5 or equivalent or above 中五或同等程度或以上程度		<input type="checkbox"/> Below Form 5 中五程度以下	

C. Type of Registration Applied 申請註冊類別

(Please tick ONE AND ONLY ONE Type, the brackets after the Type indicates the codes of the requisite Qualifying Examinations, refer to the IIQAS Fact Sheet for details. 請只選取一項類別，類別後的括號指示所需考取的資格考試代號，詳情請參閱保險中介人素質保證計劃便覽)

<input type="checkbox"/> General Insurance only 一般保險 (P&P + GI)
<input type="checkbox"/> Long Term (excluding linked long term) Insurance only 長期保險 (不包括相連長期保險) (P&P + LT)
<input type="checkbox"/> Long Term (including linked long term) Insurance only 長期保險 (包括相連長期保險) (P&P + LT + IL)
<input type="checkbox"/> General Insurance & Long Term (excluding linked long term) Insurance 一般保險及長期保險 (不包括相連長期保險) (P&P + GI + LT)
<input type="checkbox"/> General Insurance & Long Term (including linked long term) Insurance 一般保險及長期保險 (包括相連長期保險) (P&P + GI + LT + IL)

D. Qualifying Examination(s) 資格考試

Paper 試卷	Date of Qualifying Examination (dd/mm/yy) 資格考試日期 (日/月/年)	Paper 試卷	Date of Qualifying Examination (dd/mm/yy) 資格考試日期 (日/月/年)
P&P	/ /	LT	/ /
GI	/ /	*IL	/ /

Exemptions 豁免條件

(*The result of IL Paper with examination date prior to 1 March 2010 is valid only if the applicant can show proof for the exemption of having completed 20 extra IL CPD Hours. 如果 IL 試卷的考試日期為 2010 年 3 月 1 日前，申請人需提供完成特定 20 個 IL 進修時數的豁免證明。)

P&P, GI, LT, IL	<input type="checkbox"/> FIA <input type="checkbox"/> FFA <input type="checkbox"/> FIAA <input type="checkbox"/> FSA <input type="checkbox"/> CLU(HS328)
P&P, GI	<input type="checkbox"/> Certificate of Proficiency in General Insurance 一般保險業務研習證書 <input type="checkbox"/> 5 years proven working experience in general insurance business in HK from 1994 to 1999 自 1994 年至 1999 年在香港從事一般保險業務之可供驗證的 5 年工作經驗
P&P, GI, LT	<input type="checkbox"/> ACII/FCII <input type="checkbox"/> CPCU <input type="checkbox"/> ANZIIF (Snr Assoc)/ANZIIF (Fellow) <input type="checkbox"/> FLMI <input type="checkbox"/> CLU <input type="checkbox"/> IIHK/CII Hong Kong Diploma in Insurance Studies
P&P, LT	<input type="checkbox"/> 5 years proven working experience in long term insurance business in HK from 1994 to 1999 自 1994 年至 1999 年在香港從事長期保險業務之可供驗證的 5 年工作經驗
IL	<input type="checkbox"/> ChFC <input type="checkbox"/> FPE <input type="checkbox"/> HKSI Practising Certificate <input type="checkbox"/> HKSI PDFM <input type="checkbox"/> CFP <input type="checkbox"/> DPE <input type="checkbox"/> HKSI Specialist Certificate <input type="checkbox"/> *Eligible person having completed 20 extra IL CPD Hours in between 1/3/2010 to 29/2/2012. 符合資格人士並於 2010 年 3 月 1 日至 2012 年 2 月 29 日期間完成特定 20 個 IL 進修時數

E. Declaration by Applicant 申請人聲明

Name in print 申請人姓名: _____

When any answer is "Yes" to the following, please provide details and copies of all relevant documents unless they have previously been furnished with The Hong Kong Confederation of Insurance Brokers ("CIB").

如以下任何答案屬「是」，除非在此以前已呈交有關資料予香港保險顧問聯會（「聯會」），請提供詳情及有關文件副本。

- (1) Has the Applicant ever been convicted of any criminal offence in Hong Kong or elsewhere, including any conviction which is considered spent under the provisions of the Rehabilitation of Offenders Ordinance (Chapter 297, Laws of Hong Kong) in Hong Kong or elsewhere?
該申請人是否曾在香港或其他地方被裁定犯了任何刑事罪行，包括在香港或其他地方，根據《罪犯自新條例》(香港法例第 297 章)的條文被認為是失去效力的任何定罪？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (2) Has the Applicant at any time in the last 10 years failed to satisfy any debt adjudged due and payable by the Applicant as a judgment-debtor under an order of a court in Hong Kong or elsewhere?
該申請人是否曾在過去 10 年內任何時間，沒有償還根據香港或其他地方的法院的命令判決該申請人作為判定債務人所欠及須繳付的任何債務？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (3) Has the Applicant ever been declared bankrupt in Hong Kong or elsewhere?
該申請人是否曾在香港或其他地方被宣布破產？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (4) Has the Applicant ever been a controller, a director, a company secretary or a senior manager of a company or concerned in the management of a business that has become insolvent in Hong Kong or elsewhere?
該申請人是否曾在香港或其他地方擔任某個公司的控權人、董事、公司秘書或高級經理或者關涉某業務的管理，而該公司或業務乃變為無力償債的？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (5) Has the Applicant ever been a controller, a director, a company secretary or a senior manager of a company or concerned in the management of a business that has been the subject of any existing or previous investigation or disciplinary proceedings or been censured, disciplined, disqualified, suspended or criticized or prosecuted or convicted of a criminal offence whether in Hong Kong or elsewhere?
該申請人是否曾擔任某個公司的控權人、董事、公司秘書或高級經理或者關涉某個業務的管理，而該公司或業務在香港或其他地方是任何現時或先前的調查或紀律處分程序的對象或曾經被譴責、施以紀律處分、註銷、暫時取消資格、批評、檢控或裁定犯了刑事罪行？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (6) Has the Applicant ever been a controller, a director, a partner, a company secretary or a senior manager or concerned in the management of a business that has been refused or suspended or revoked or prohibited membership or registration by any other regulatory authority, any professional body, whether in Hong Kong or elsewhere?
該申請人不論在香港或其他地方是否曾擔任某個曾被任何其他監管機構、任何專業團體拒絕或暫時吊銷或撤銷或禁止會員資格或註冊的業務的控權人、董事、合夥人、公司秘書、或高級經理，或者關涉該業務的管理？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (7) Has the Applicant been the subject of any existing or previous investigation or disciplinary proceedings or been censured, disciplined, disqualified, suspended or criticized by the Insurance Authority, any other regulatory authorities, any professional bodies, whether in Hong Kong or elsewhere?
該申請人不論在香港或其他地方是否曾成為保險業監督、任何其他監管機構、任何專業團體進行的任何現時或先前的調查或紀律處分程序的對象或曾經被其譴責、施以紀律處分、註銷或暫時取消資格或批評？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (8) Has the Applicant ever been subject to any order of the court or other competent authority in Hong Kong or elsewhere for fraud, dishonesty or misfeasance?
該申請人是否曾成為香港或其他地方的法院或其他主管當局作出的關於欺詐、不誠實行為或失當行為的命令的對象？
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (9) Has the Applicant, 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 the Applicant towards such a body or insurer or towards any members thereof? If so, give full particulars.
該申請人是否曾就任何法人團體的成立或管理，被香港或其他地方的法院判決須就該申請人對該法人團體或保險人或其他任何成員的任何欺詐、失當行為或其他不當行為負上民事法律責任？如有的話，則提供十足詳情。
 是 Yes 是，且資料已呈交聯會 Yes and information already furnished to CIB 否 No
- (10a) During the period from 1/1/2018 till now, has the Applicant at any time been registered as Insurance Intermediary in HK with any of the following organizations:- (You must tick either Yes or No for ALL three items.)
由 1/1/2018 至今期間，申請人曾否在任何時間於下列機構註冊或登記為香港保險中介人:- (你必須就全部三項，各選取有或沒有。)
Insurance Agents Registration Board 保險代理登記委員會: 有 Yes 沒有 No
Professional Insurance Brokers Association 香港專業保險經紀協會: 有 Yes 沒有 No
The Hong Kong Confederation of Insurance Brokers 香港保險顧問聯會: 有 Yes 沒有 No
- (10b) According to the Continuing Professional Development Programme under IIQAS, I should earn for year 2018 the number of CPD Hours as entered in the box next to this clause, and I confirm that I have fulfilled the requirement.
根據保險中介人素質保證計劃持續專業培訓計劃，本人需就 2018 年累積右格內所填寫的進修時數，本人證實已完成該計劃的要求。
(Please use the CPD Hours Calculator at CIB Website for the required Hours. If you are not required to earn any CPD Hours for year 2018, please insert "0" in the box. (請使用聯會網址的進修時數計算機所需時數。若閣下不需就 2018 年獲取任何進修時數，請在右格內填寫「0」)

To be continued 待續

Continuing from last page 承接上頁

- (11) I understand that unless I remain registered with CIB, I cannot transact insurance broking business on behalf of the Appointing Member.
本人明白除非本人在聯會的註冊持續有效，否則不得代表委任本人的會員進行保險經紀業務。
- (12) I declare that I have complied with Section 65 of the Insurance Ordinance and undertake to ensure its full and continued compliance in future.
本人聲明本人符合《保險業條例》第 65 條的規定，並承諾會確保日後也繼續符合有關規定。
- (13) I understand and undertake to comply with the Membership Regulations, the Code of Conduct and any other regulations made under the Articles of Association of CIB.
本人明白及承諾遵守聯會的會員規則、專業守則及其他按照聯會章程制定的規例。
- (14) I have read the CIB's Notes on Personal Information Collection and I understand the rights and obligations in respect of the data collected.
本人已詳閱聯會的個人資料收集須知，並明白與收集資料有關的權利和義務。
- (15) I undertake to notify CIB within 14 days in writing of any changes relating to the information provided herein.
若申請表內的資料有任何變更，本人承諾在 14 天內以書面通知聯會。
- (16) I hereby confirm that all information provided in this form is FULL, COMPLETE AND CORRECT to the best of my knowledge and belief. I understand and accept that CIB may revoke the registration if it comes to the knowledge of CIB that I have obtained registration by any incorrect statement, misrepresentation or fraudulent means.
盡本人所知所信，本人證實本人在本表格提供的資料，均是全面、詳盡及正確。本人明白及接納，如本人藉作出不正確的聲明或失實陳述，又或透過欺詐手段取得註冊，聯會得悉後可能會撤銷本人的註冊。

/ /

Date 日期

Signature of Applicant 申請人簽署

Name in print 申請人姓名 :

F. Verification by the Chief Executive of the Appointing Member 委任會員的行政總裁核實

I have verified the contents of this application form and its supporting documents as listed below, which are photocopy of the Applicant's original supporting documents:- (please tick whichever is/are supporting documents to this application)

本人已核實此申請表格內容及下列相關文件，該等文件乃申請人所持有正本文件的影印本：（請剔選隨本申請遞交的文件）

- Hong Kong Identity Card 香港身份證;
- Working visa 工作簽證;
- Residential address proof 住址證明;
- Proof of educational attainment 學歷證明;
- Proof of having passed (or being exempted from) the IIQE(s) 保險中介人資格考試合格證明(或獲豁免的佐證);
- Registration record of other insurance regulatory organizations 其他保險監管機構之註冊記錄;
- Proof of having complied with the CPD requirement for the relevant assessment year 履行 CPD 規定的有關文件;
- Documents in relation to matters disclosed in Section E (1)-(9)(Declaration by Applicant) 關乎 E 部(1)-(9)的詳情及有關文件。

I hereby declare that I have seen the originals of all the supporting documents. I have kept a set of true copy of the originals. Whenever required, I and the Appointing Member shall make it accessible for audit by CIB.

本人藉此聲明本人曾查閱上述文件的正本。本人已保存該等文件正本的真實影印本。以備聯會需要時，本人及委任會員將可提供該等資料予聯會作稽核之用。

I hereby confirm that the contents of this application form are COMPLETE, CORRECT and TRUE.

本人確認此申請表格的內容，全部均是完整、正確及真實的。

/ /

Date 日期

Signature of Chief Executive and Company Chop
行政總裁簽署及公司蓋章

Name in print 行政總裁姓名 :

G. Authorization 授權

1. I hereby authorize The Hong Kong Confederation of Insurance Brokers ("CIB") to disclose and transfer my data, any other available information about me and any disciplinary action taken by the CIB against me to the relevant regulatory organizations including the Insurance Authority, Professional Insurance Brokers Association, Insurance Agents Registration Board, Securities and Futures Commission, Mandatory Provident Fund Schemes Authority, Hong Kong Monetary Authority and any law enforcement body.

本人授權香港保險顧問聯會（“聯會”）向有關的規管機構，包括保險業監管局、香港專業保險經紀協會、保險代理登記委員會、證監會、積金局、香港金融管理局，以及任何執法機關，披露及傳送本人的資料、任何從其他方面所取得有關本人的資料，以及聯會向本人採取紀律處分行動的資料。

2. I hereby authorize that certain information as specified in the CIB's Articles of Association may be published in the relevant register/sub-register for public inspection.

本人同意在有關的名冊／附屬名冊，按聯會組織章程細則公佈若干個人資料，讓公眾人士查閱。

3. I hereby authorize CIB to conduct reference check on the documents that I have provided and give consent to the relevant parties whom CIB has contacted to provide my information to CIB.

本人授權聯會核查本人提交的文件及同意任何聯會聯絡的有關人士／團體向聯會提供有關本人的資料。

/ /
Date 日期

Signature of Applicant 申請人簽署

Name in print 申請人姓名： _____

HKID No. 香港身份證號碼： _____ ()