

Reference Checking Scheme for Insurance Intermediaries

Consent Form

To: _____ (“Recruiting Principal”)

Pursuant to the Reference Checking Scheme for Insurance Intermediaries launched by The Hong Kong Federation of Insurers (“HKFI”), The Hong Kong Confederation of Insurance Brokers (“HKCIB”) and Professional Insurance Brokers Association (“PIBA”) (and endorsed by the Insurance Authority (“IA”)), before appointing me to carry on regulated activities in long term insurance business, I understand that you (“Recruiting Principal”) are required to carry out reference checking on me for the purpose of assessing my (continued) fitness and properness to carry on regulated activities in long term insurance.

As I am being considered to be appointed by you as a licensed insurance intermediary, I agree to you or a third party engaged by you obtaining my reference(s) from my current and/or previous appointing long term insurer(s), long term insurance agency(ies) and/or long term insurance broker company(ies) (collectively known as “Responding Principal”) in the last 7 years. I understand that if such consent is not provided by me or withdrawn by me, you will be unable to appoint me as your licensed insurance intermediary.

I agree that you or a third party engaged by you may transfer to each Responding Principal(s) my full name, my insurance intermediary licence number with the Insurance Authority and a copy of this Consent Form for the purposes of requesting my Reference Checking Information and later carrying out the reference checking assessment:

I understand that Reference Checking Information, which will be shared by the Responding Principal(s) with you, may consist of the following:

1. Whether my previous appointment was terminated for incident(s) which cast doubt on my fitness and properness to be a licensed insurance intermediary, for example:
 - (a) Breach of legal or regulatory requirements (including subsidiary legislations, rules, codes, guidelines, circulars or other regulatory instruments issued by the applicable regulator) in relation to the following legislation:
 - (i) Insurance Ordinance (Cap. 41)
 - (ii) Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615)
 - (iii) Mandatory Provident Fund Schemes Ordinance (Cap. 485)
 - (iv) Securities and Futures Ordinance (Cap. 571)
 - (v) Banking Ordinance (Cap. 155)
 - (b) Misconduct (e.g. misrepresentation, misappropriation of client’s money, forged document, unauthorized signature on behalf of the client, unauthorized rebate, defrauding of commission, facilitating fraudulent claim etc.);
 - (c) Criminal offence;
 - (d) Disciplinary action by you or any regulators;
 - (e) Bankruptcy;

2. If I had not resigned or otherwise left by myself, is it likely that my appointment would have been terminated for a matter set out in item 1 above;
3. Any ongoing internal investigation against me in relation to any of the matters sets out in item 1 above; and
4. Any outstanding debts owed by me which may raise concern on my financial status and if yes, the amount of such debt.

I agree to my Reference Checking Information being requested from, and being provided by the Responding Principal(s).

I hereby release and discharge each relevant Responding Principal (including without limitation its affiliates and officers, directors, employees, third party processors and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness, under contract, tort or otherwise, arising out of, related to, or in any way connected with the disclosure of my Reference Checking Information as described herein.

I understand that the Reference Checking Information will be used by you to assess my fitness and properness to be appointed as your licensed insurance intermediary and may result in an appointment with you being withheld, terminated or withdrawn at your sole discretion. This applies in addition to, and should not be interpreted to limit in any way, the general discretion that you have to provide or withhold any offer to me.

Prospective Intermediary's Signature	Name of Prospective Intermediary (as shown on HKID)
	Insurance Authority's Licence Number ¹
	Date

Remarks for Prospective Intermediary:

- (a) *For handling of personal data provided to the Recruiting Principal during the recruitment process, please also refer to the Personal Information Collection Statement (PICS) provided by the Recruiting Principal in addition to the terms of this Consent Form. Your consent may be withdrawn at any time on written notice to the Recruiting Principal. However, this means that the Recruiting Principal will not proceed to appoint you as its licensed insurance intermediary.*
- (b) *To ensure transparent and fair treatment to the prospective Intermediary, you will be generally provided an opportunity to be heard (i.e. making written or oral representations) if the Recruiting Principal decides not to proceed with your application based on any adverse information disclosed by a Responding Principal. In that case, the Recruiting Principal would provide you with a copy of reference result upon your request.*

¹ Previous registration number with a self-regulatory organization if IA licence number is not available