

# CHECKLIST FOR ALTERNATE CHIEF EXECUTIVE REGISTRATION

Name of Company : \_\_\_\_\_

Name of Alternate Chief Executive : \_\_\_\_\_

Note: Please file the supporting documents in accordance with the index numbers.

## 1. Particulars of Alternate Chief Executive

| No.    | Document                                | completed                |
|--------|---|--------------------------|
| 1.1    | Form Duly Completed                     | <input type="checkbox"/> |
| 1.2    | HKID Copy                               | <input type="checkbox"/> |
| 1.3    | Academic Proof Copy                     |                          |
| 1.3.1. | Secondary Form 5                        | <input type="checkbox"/> |
| 1.3.2. | University Graduate /<br>Post secondary | <input type="checkbox"/> |
| 1.3.3. | Professional Qualifications             | <input type="checkbox"/> |
| 1.4    | Reference Letter of Working Experience  | <input type="checkbox"/> |
| 1.4.1. | Insurance Experience<br>(Min. 5 yrs)    | <input type="checkbox"/> |
| 1.4.2. | Management Experience<br>(Min. 2 yrs)   | <input type="checkbox"/> |

Staff Use Only

| Received Date | Remarks |
|---------------|---------|
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |
| _____         | _____   |

## 2. Type of Application

No. Document

|                      |   |   |   |
|----------------------|---|---|---|
| 2.1 Line of Business | <input type="checkbox"/> General        | <input type="checkbox"/> Long Term<br>(excluding Linked ) | <input type="checkbox"/> Long Term<br>(including Linked ) |
|                      | <input type="checkbox"/> By exemption   | <input type="checkbox"/> By exemption                     | <input type="checkbox"/> By exemption                     |
|                      | <input type="checkbox"/> Copy of proof  | <input type="checkbox"/> Copy of proof                    | <input type="checkbox"/> Copy of proof                    |
|                      | <input type="checkbox"/> By examination | <input type="checkbox"/> By examination                   | <input type="checkbox"/> By examination                   |
|                      | <input type="checkbox"/> Copy of proof  | <input type="checkbox"/> Copy of proof                    | <input type="checkbox"/> Copy of proof                    |

## 3. CPD Programme Record

No. Year Requirements Remarks

3.1 Previous Calendar Year  ≥ 10 Hours \_\_\_\_\_

3.2. Registration Record  PIBA  IARB  CIB

3.2.1.Registration Date \_\_\_\_\_

3.2.2.De-registration Date \_\_\_\_\_

## 4. Reference Check

No. Document completed

4.1 Authorization for reference check

4.2 Reference Letters (Min. 3)

| Staff Use Only |         |
|----------------|---------|
| Received Date  | Remarks |
| _____          | _____   |
| _____          | _____   |
| _____          | _____   |

## 5. Fees

| No. | Item               | Amount                             | Cheque No | Bank  | Bank-in Date |
|-----|--------------------|------------------------------------|-----------|-------|--------------|
| 5.1 | Administration Fee | <input type="checkbox"/> HK\$4,800 | _____     | _____ | _____        |