

CHECKLIST FOR CHANGE OF CHIEF EXECUTIVE

Name of Company : _____

Name of Chief Executive : _____

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

1. Particulars of 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 / Post secondary	<input type="checkbox"/>
1.3.3.	Professional Qualifications	<input type="checkbox"/>
1.4	Reference Letter of Working Experience	<input type="checkbox"/>
1.5	Insurance Experience (Min 5 yrs)	<input type="checkbox"/>
1.6	Management Experience (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 (excluding Linked)	<input type="checkbox"/> Long Term (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	2007	<input type="checkbox"/> ≥ 10 Hours	_____
3.2.	Registration Record	<input type="checkbox"/> PIBA <input type="checkbox"/> IARB <input type="checkbox"/> CIB	
3.2.1.	Registration Period	_____	_____
3.2.2.	De-registration Date	_____	_____

4. Reference Check

No.	Document	completed
4.1	Authorization Letter for reference check	<input type="checkbox"/>
4.2	Reference Letters (Min 3)	<input type="checkbox"/>

Staff Use Only	
Received Date	Remarks
_____	_____
_____	_____
_____	_____

5. Fees

No.	Item	Amount	Cheque No	Bank	Bank-in Date
5.1	Change of C.E.	<input type="checkbox"/> HK\$4,800	_____	_____	_____