

# CHECKLIST FOR MEMBERSHIP APPLICATION

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

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

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

## 1. Particulars of Company

Staff Use Only

<u>No.</u>	<u>Document</u>	<u>completed</u>
1.1	Form Duly Completed	<input type="checkbox"/>
1.2	C/I Copy	<input type="checkbox"/>
1.3	B/R Copy	<input type="checkbox"/>
1.4	Form D Copy	<input type="checkbox"/>
1.5	Net Asset Proof & Paid Up Capital	<input type="checkbox"/>
1.6	Client's A/C Proof	<input type="checkbox"/>
1.7	PI Quotation	<input type="checkbox"/>

<u>Received Date</u>	<u>Remarks</u>

## 2. Particulars of Chief Executive

Staff Use Only

<u>No.</u>	<u>Document</u>	<u>completed</u>
2.1	HKID Copy	<input type="checkbox"/>
2.2	Academic Proof Copy	
	2.2.1. Secondary Form 5	<input type="checkbox"/>
	2.2.2. University Graduate / Post secondary	<input type="checkbox"/>
	2.2.3. Professional Qualifications	<input type="checkbox"/>
2.3	Reference Letter of Working Experience	<input type="checkbox"/>
	2.3.1 Insurance Experience (Min 5 yrs)	<input type="checkbox"/>
	2.3.2 Management Experience (Min 2 yrs)	<input type="checkbox"/>

<u>Received Date</u>	<u>Remarks</u>

## 3. Type of Application

No. Document

3.1 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

## 4. CPD Programme Record

<u>No.</u>	<u>Year</u>	<u>Requirement</u>	<u>Remarks</u>
4.1	Previous Calendar Year	<input type="checkbox"/> $\geq 10$ Hours	_____
4.2	Registration Record	<input type="checkbox"/> PIBA	<input type="checkbox"/> IARB
		<input type="checkbox"/> CIB	
	4.2.1.Registration Date	_____	_____
	4.2.2.De-registration Date	_____	_____

## 5. Reference Check

<u>No.</u> <u>Document</u>	<u>completed</u>
5.1 Authorization for reference check	<input type="checkbox"/>
5.2 Reference Letters (Min 3)	<input type="checkbox"/>

Staff Use Only	
<u>Received Date</u>	<u>Remarks</u>
_____	_____
_____	_____

## 6. Fees

<u>No.</u>	<u>Item</u>	<u>Amount</u>	<u>Cheque No</u>	<u>Bank</u>	<u>Bank-in Date</u>
6.1	Application Fee	<input type="checkbox"/> HK\$35,000	_____	_____	_____
6.2	Membership Fee	<input type="checkbox"/> HK\$4,800 / \$6,000	_____	_____	_____
6.3	Registration Fee	<input type="checkbox"/> General - HK\$200	_____	_____	_____
		<input type="checkbox"/> Long Term (excl. LLT) - HK\$200	_____	_____	_____
		<input type="checkbox"/> Long Term (incl. LLT) - HK\$800	_____	_____	_____

## 7. Internal Reference Check [Staff Use Only]

<u>No.</u>	<u>Item</u>	<u>CLEAN</u>	<u>ON LIST</u>	<u>Confirmation Date</u>	<u>Staff</u>	<u>Remarks</u>
7.1	Caution List	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.2	Active C.E. & T.R. List	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.3	Cancellation & Expulsion List	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.4	Disciplinary List	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.5	CIB	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.6	IARB	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.7	Similar Company's Name Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.8	Similar Company's Name: (English) _____					
	(Chinese) _____					

### 7.9 Application Record

Application Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Status: \_\_\_\_\_ APPROVED / DECLINED \_\_\_\_\_ EC Approval Date: \_\_\_\_\_

Status: \_\_\_\_\_ APPROVED / DECLINED \_\_\_\_\_ MSC Approval Date: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_