

The Hong Kong Confederation of Insurance Brokers
香港保險顧問聯會

NOTIFICATION BY MEMBER COMPANY
會員公司資料更改通知書

Notes 備註:-

- (1) Separate forms are prescribed for the following matters. They are available at the Download Corner of the CIB Website.
以下事項備有專用表格，置於聯會網址下載區域供使用：
(a) Proposed change in the name of the company 建議更改公司名稱；
(b) Resignation from membership 退會；
(c) Cessation of a person to be its Chief Executive or Technical Representative 終止行政總裁或業務代表的註冊。
- (2) No form is prescribed for notification of events or circumstances resulting in a breach of regulations. Members shall notify CIB in writing and using its letterhead. 就任何事故或情況引至違反規則的通知，不設專用表格。會員公司請以書信形式向聯會報告。

| | | | |
|---|--|------------------------|--|
| Name of Member Company (in Eng) 會員公司英文名稱 | | Membership No. 會員編號 | |
|---|--|------------------------|--|

Contact Details 聯絡資料

(A) New Address 新地址

At least 7-day prior notice is required. Please tick the applicable box and fill in the new or relevant address in the space provided 需在更改生效前最少七天提交通知。請別選合適方格及在空位上填寫新地址或相關資料。

- Registered Business Address 註冊營運地址

| |
|--|
| |
|--|

- This is also our Primary Business/Correspondence Address 此同時為我們的主要營運/通訊地址
effective date 生效日期 : _____

(please furnish a copy of Business Registration Certificate within a month 請於一個月內提供商業登記證影印本)

- Primary Business/Correspondence Address 主要營運/通訊地址(if different from the above 如與上列不同)

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effective date 生效日期 : _____

- Addition/Removal* of Other Business Address 增加/刪除*其他營運地址
(*delete whichever not applicable 刪除不適用者)

| |
|--|
| |
|--|

effective date 生效日期 : _____

(B) Others 其他

- | | New 新 | Replacing 取代 |
|---|-------|--------------|
| <input type="checkbox"/> Office Phone number 電話號碼 | _____ | _____ |
| <input type="checkbox"/> Office Fax number 傳真號碼 | _____ | _____ |
| <input type="checkbox"/> Office Email Address 電郵地址(1) | _____ | _____ |
| <input type="checkbox"/> Office Email Address 電郵地址(2) | _____ | _____ |

I hereby confirm the above information provided is true and accurate.

本人在此確認上述資料真實及正確無誤。

Date (dd/mm/yy)日期(日/月/年)

Name in print 簽署人姓名 : _____

Signature of Chief Executive or of Director
行政總裁或董事簽署

Company Chop 公司蓋章

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- (2) No form is prescribed for notification of events or circumstances resulting in a breach of regulations. Members shall notify CIB in writing and using its letterhead. 就任何事故或情況引至違反規則的通知，不設專用表格。會員公司請以書信形式向聯會報告。
- (3) The "Declaration Form – for completion and signature by Directors or Controllers of CIB Member who are not registered or being registered with CIB as Chief Executive or Technical Representative" shall be completed and attached whenever applicable. 適用者需填寫及提交「聲明書－供聯會會員之董事或控權人而未在聯會註冊或正在註冊為行政總裁或業務代表者填寫及簽署」。

| | | | |
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Directors and Controllers 董事及控權人

| | | |
|---|--|---------------------|
| (A) Directors 董事 Notice within 14 days as from the effective date. Please attach a photocopy of the relevant form filed with the Companies Registry. 需在生效日期起計十四天內提交通知。請附交呈上公司註冊處的相關表格影印本。 | | |
| <input type="checkbox"/> Appointment 委任 Name 姓名/名稱 | Identity no. 證件編號 | effective date 生效日期 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <input type="checkbox"/> Cessation 離任 Name 姓名/名稱 | Identity no. 證件編號 | effective date 生效日期 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| (B) Controllers 控權人 Notice within 28 days as from the effective date. 需在生效日期起計二十八天內提交通知。 | | |
| <input type="checkbox"/> Becoming 出任 Name 姓名/名稱 | Identity no. 證件編號 | effective date 生效日期 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <input type="checkbox"/> Cessation 離任 Name 姓名/名稱 | Identity no. 證件編號 | effective date 生效日期 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| I hereby confirm the above information provided is true and accurate. 本人在此確認上述資料真實及正確無誤。 | | |
| Date (dd/mm/yy)日期(日/月/年) | Signature of Chief Executive or of Director 行政總裁或董事簽署 | Company Chop 公司蓋章 |
| _____ | _____ | _____ |
| Name in print 簽署人姓名： | _____ | |

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|---|--|------------------------|--|

Others 其他

(A) Auditor 核數師
 Notice within 14 days of any changes in respect of auditor appointed. Please serve similar notice with the Insurance Authority. 需在變更日期起計十四天內提交通知。需同時通知保險業監管局。
 Appointment 委任
 Name and address 姓名/名稱及地址 effective date 生效日期

Cessation 離任
 Name 姓名/名稱 effective date 生效日期

(B) Financial Year End Date 財政年度結算日

| | |
|--------------------|------------------|
| From 由 (dd/mm 日/月) | To 至 (dd/mm 日/月) |
| | |

(C) Paid-up Capital 繳足款股本
 Please attach a photocopy of the relevant form filed with the Companies Registry. 請附交呈上公司註冊處的相關表格影印本。

| | |
|--------|------|
| From 由 | To 至 |
| | |

(D) Insurer of the Professional Indemnity Insurance 專業彌償保險承保公司

| | |
|--------|------|
| From 由 | To 至 |
| | |

(E) Additional Bank Account Designated as Client's Account 新增指定為客戶賬戶的銀行戶口

| | |
|-----------------------|------------------|
| Name of the Bank 銀行名稱 | Account No. 賬戶號碼 |
| | |

I hereby confirm the above information provided is true and accurate.
 本人在此確認上述資料真實及正確無誤。

Date (dd/mm/yy) 日期(日/月/年) Signature of Chief Executive or of Director
行政總裁或董事簽署 Company Chop 公司蓋章

Name in print 簽署人姓名： _____