



Insurance Intermediaries Qualifying Examination

Computer Screen Mode Examination Enrolment Form

(Paper I, II, III, V, VI)



You should read "Examination Handbook" before completing the form. (Available at www.vtc.edu.hk/cpdc)

Examination Paper (Select one or more)	Exam No.			Exam Fee
	1st Choice	2nd Choice	3rd Choice	
<input type="radio"/> Paper I Principles & Practice of Insurance				\$200
<input type="radio"/> Paper II General Insurance				\$200
<input type="radio"/> Paper III Long Term Insurance				\$200
<input type="radio"/> Paper V Investment-linked Long Term Insurance				\$300
<input type="radio"/> Paper VI Travel Insurance Agents				\$300

** Enrolment at counter: Select ONE choice only.

** Enrolment by post: Please select 3 choices. Enrolment form will be processed after received the form and confirmed the exam session with candidate by Exam Centre.

Candidate Particulars

-- Form should be written by black or blue ball pen in blocks letters --

Name in English: _____ Name in Chinese: _____
(as shown on HKID Card or Passport)

HKID Card or Passport No. : _____ Date of Birth: _____ Gender: M F
DD / MM / YYYY

Correspondence Address: _____
(In Block Letter)

Mobile No.: _____ Daytime Contact No.: _____ E-mail Address: _____

Enrolment by a representative or by post

Enclose a photocopy of your valid HKID Card /
Passport (a page with photo)

Enrolment in person

Present your valid HKID Card / Passport
for enrolment

Please refer to the "Examination Handbook" for registration procedures.

Payment Method

- Cheque or Cashier's Order
(Payable to "Vocational Training Council")
- VISA
- MASTER
- EPS
- Cash

Cheque or Cashier's Order No

Bank

(For Official Use Only)

Candidate No. : C _____

For mailing enrolment, only cheque or cashier's order is accepted.
Visa, Master, EPS & Cash are **NOT** applicable for mailing enrolment

I have read and agree to the conditions set forth in the "Examination Handbook" including the collection of personal data for the purposes stated.

I declare that the information given above is correct and complete to the best of my knowledge and that the documents provided by me in connection with this application are true copies.

I understand that if I knowingly supply false information or withhold any material information, the PEAK Exam Centre shall have the right to deny this Enrolment.

Signature of Candidate: _____ Date: _____

NOTES ON PERSONAL INFORMATION COLLECTION in Connection with the Insurance Intermediaries Qualifying Examination

With the coming into force of Personal Data (Privacy) Ordinance on 20 December 1996, these Notes are prepared to assist you in understanding your rights and obligations in relation to the supply of personal data by you to the Vocational Training Council ("VTC") and the manner in which VTC may use or deal with such data in connection with the Insurance Intermediaries Qualifying Examination and other matters. You are strongly advised to read these Notes carefully before you sign the Consent at the foot thereof.

VTC may transfer or transmit the personal data of those candidates who have passed the Insurance Intermediaries Qualifying Examination or have been found cheating in whatever manner in respect of the Examination to the Insurance Authority ("IA"), Insurance Agents Registration Board ("IARB"), The Hong Kong Confederation of Insurance Brokers ("CIB"), Professional Insurance Brokers Association ("PIBA"), Travel Agents Registry and Travel Industry Council of Hong Kong ("TIC"). The personal data so transferred or transmitted may be used by these bodies for monitoring purpose and the purposes of assisting them to perform and discharge their functions.

You are entitled under the Personal Data (Privacy) Ordinance to request access to or to request the correction of any data supplied by you, in the manner and subject to the limitations prescribed therein. All enquiries should be directed to VTC.

I, the undersigned, hereby confirm and acknowledge that I have read and understood the above Notes before furnishing my personal data to VTC. I voluntarily consent to the use of such data (including the HKID Card no. or passport no.) and all personal data I previously supplied, if any, by the IA, IARB, CIB, PIBA, Travel Agents Registry and TIC for the purposes of discharging all or any of their functions described in the said Notes and for any other purposes directly related to those purposes.

Signature of Candidate: _____ Date: _____

Paper 5 candidate is asked to fill in the following information, which will be used for research and statistical analysis

1. Are you an insurance intermediary registered as engaging in investment-linked long term insurance intermediary business immediately before 1 March 2010?

- Yes No

2. Are you a licensed person under the Securities and Futures Ordinance (SFO) ?

- Yes, please tick the license type(s) below No
- | | |
|---|--|
| <input type="radio"/> Type 1 Dealing in Securities | <input type="radio"/> Type 8 Securities Margin Financing |
| <input type="radio"/> Type 2 Dealing in Futures Contracts | <input type="radio"/> Type 9 Asset Management |
| <input type="radio"/> Type 3 Leveraged Foreign Exchange Trading | <input type="radio"/> Type 10 Providing Credit Rating Services |
| <input type="radio"/> Type 4 Advising on Securities | |
| <input type="radio"/> Type 5 Advising on Futures Contracts | |
| <input type="radio"/> Type 6 Advising on Corporate Finance | |
| <input type="radio"/> Type 7 Providing Automated Trading Services | |

Enquiry and Enrolment

PEAK Examination Centre, Vocational Training Council
M/F, VTC Tower, 27 Wood Road, Wanchai, Hong Kong
Tel. : 2919 1467 / 2919 1468 / 2919 1478

E-mail Address : cpdc@vtc.edu.hk

Office Hours : 9:00 a.m. – 8:00 p.m. (Monday to Friday) | 9:00 a.m. – 12:00 noon (Saturday) | Closed on Sundays and Public Holidays