

**The Hong Kong Federation of Insurers("HKFI")**

**Reference Checking Scheme for Insurance Intermediaries**

**Reference Information Form Template**

Date: [Date of request to the responding insurer]

Due: [Date the response is due, 15 calendar days from the date of request]

To: \_\_\_\_\_ ("responding insurer")

From: \_\_\_\_\_ ("recruiting insurer")

**Subject: Reference Checking Request**

According to the Register of Licensed Insurance Intermediaries maintained by the Insurance Authority, the following individual is currently appointed / was appointed by you in the past 7 years. Pursuant to the Reference Checking Scheme initiative of the HKFI, we make this reference checking request and would ask you to provide us with the following information relating to the following individual by the above stated due date.

The information to be provided should cover the period commencing 7 years prior to the date of this request. Written consent from the relevant individual is appended.

Individual's name (as shown on Hong Kong Identity Card / passport):

\_\_\_\_\_

Individual's licence number with the Insurance Authority:

\_\_\_\_\_

	<b>Conduct Related Matters</b>	<b>Response</b>
1	Was the individual's appointment terminated by you for incident(s) which cast doubt on the individual's fitness and properness to be a licensed insurance intermediary?	[Yes / No]

*(Effective 1 September 2024)*

	<p>For example, the incident may include:</p> <p>(If select “Yes”, please tick the applicable box(es).)</p> <p>(a) <input type="checkbox"/> Breach of legal or regulatory requirements (including subsidiary legislations, rules, codes, guidelines, circulars or other regulatory instruments issued by the applicable regulator) in relation to the following legislation:</p> <p>(i) <input type="checkbox"/> Insurance Ordinance (Cap. 41)<sup>1</sup></p> <p>(ii) <input type="checkbox"/> Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615)</p> <p>(iii) <input type="checkbox"/> Mandatory Provident Fund Scheme Ordinance (Cap. 485)</p> <p>(iv) <input type="checkbox"/> Securities and Futures Ordinance (Cap. 571)</p> <p>(v) <input type="checkbox"/> Banking Ordinance (Cap. 155)</p> <p>(b) <input type="checkbox"/> Misconduct (e.g. misrepresentation, misappropriation of client’s money, forged document, unauthorized signature on behalf of client, unauthorized rebate, defrauding of commission, facilitating fraudulent claim etc.)</p> <p>(c) <input type="checkbox"/> Criminal offence</p> <p>(d) <input type="checkbox"/> Disciplinary action by you or any regulators</p> <p>(e) <input type="checkbox"/> Bankruptcy</p>	
2	If the individual had not resigned or otherwise left by himself/herself, is it likely that you would have terminated the individual for a matter set out in item 1 above?	[Yes / No]
3	<p>Is the individual subject to your ongoing internal investigation in relation to any of the matters set out in item 1 above?</p> <p><i>This question is subject to the responding insurer’s assessment taking into consideration legal or regulatory requirements or other circumstances, which may restrict disclosure. If you are subject to such restrictions, or the answer is “no” please state “no” in the response column.</i></p>	[Yes / No]
4	If you have answered “yes” to any questions above,	[N/A or other free text]

<sup>1</sup> Excluding the requirements relating to Guideline on Continuing Professional Development for Licensed Insurance Intermediaries (GL24) as the recruiting insurer can ascertain the relevant compliance records via the e-portal (i.e. Insurance Intermediaries Connect) maintained by the IA

	<p>please provide further supplementary information to the extent you consider appropriate.</p> <p><i>Providing a response to this question is not mandatory. If legal or regulatory requirements restrict certain disclosures, which may make your responses incomplete or inaccurate, please state "N/A" in the response column.</i></p>	answer]
	<b>Other Matters</b>	<b>Response</b>
5	Does the individual have any outstanding / agent debts owed to you which may raise concern on the financial status of the individual?	[Yes / No]
6	If you have answered "yes" to question 5 above, please specify the amount of the relevant debt.	[Amount in HKD]

Disclaimer:

- (a) The information provided is true, complete and accurate according to the responding insurer's best knowledge;
- (b) The recruiting insurer takes full responsibility in relying on the information provided in the Reference Information Form in making its recruitment decision, and the responding insurer is excluded from liability in the absence of gross negligence or bad faith. The responding insurer is released and discharged (including without limitation its affiliates and officers, directors, employees, third party processors and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness, under contract, tort or otherwise, arising out of, related to, or in any way connected with the disclosure of the information under the Reference Check Scheme as described herein; and
- (c) Due to legal or regulatory requirements, the responding insurer may not be able to provide information relating to the ongoing internal investigation.

Remarks:

- (a) *To ensure transparent and fair treatment to the prospective agent, the recruiting insurer should generally provide the prospective agent with an opportunity to be heard (i.e. giving the prospective agent the opportunity to make written or oral representations) if it subsequently decides not to proceed with his /her application based on any adverse information disclosed by a responding insurer in relation to the prospective agent. Under such circumstances, the recruiting insurer should, upon the prospective agent's request, provide him/her with a copy of reference result it obtained from the responding insurer for representation.*

(Effective 1 September 2024)

<b>Recruiting Insurer</b>	<b>Responding Insurer</b>
Name of the handler for this reference check:	Name of the handler for this reference check:
Job Title:	Job Title:
Contact Tel:	Contact Tel: