

Please complete this form in BLOCK CAPITALS.

Please send your completed application form to Now Health International (Asia Pacific) Limited, Units 1501-3 & 9, 15/F, AIA Tower, 183 Electric Road, North Point, Hong Kong. You can also scan and email it to AsiaPacService@now-health.com or fax it to +852 2279 7330.

Section 1: Intermediary details

1.1 Full legal name of intermediary:

1.2 Place of registration:

1.3 Business registration number (a copy of registration certificate is required):

1.4 Date of registration (dd/mm/yyyy): / /

1.5 Registered address:

1.6 Trading address (if different from 1.5):

1.7 Website address:

Section 2: Intermediary relationship holder details

2.1 Responsible person for application:

First name(s):

Family name:

What do you like to be called?

(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)

2.2 Telephone:

2.3 Fax:

2.4 Email:

Section 3: Intermediary contact details

3.1 Contact person for future business operation (if different from Section 2)

First name(s):

Family name:

What do you like to be called?

(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)

3.2 Telephone:

3.3 Fax:

3.4 Email:

Section 4: Authorisations

4.1 Name of body that regulates your insurance intermediary activity (a copy of current authorisation required):

4.2 Date of authorisation (dd/mm/yyyy): / /

4.3 Has your firm or any of its staff been subject to disciplinary action or investigation by regulators? If yes, please provide details:

4.4 Has the firm, directors or senior managers been convicted of any criminal offence? If yes, please provide details:

4.5 Has the firm, directors or senior managers been subject to insolvency or bankruptcy proceedings or come to any agreement with creditors over unpaid debts? If yes, please provide details:

4.6 Does your firm have arrangements in place to prevent bribery and corruption, money laundering and breaches of sanctions policies? If yes, please provide details:

4.7 Has your firm had any previous record of, or does it anticipate any infringement of bribery and corruption, money laundering and breaches of sanction policies? If yes, please provide details:

4.8 What is the scope of your authorisation and/or your authorised business line(s)? Please provide details:

4.9 What is the geographic limitation of your authorisation? Please provide details:

4.10 Do you have a valid professional indemnity policy to cover your activity? (A copy of your current policy schedule is required.)

4.11 Please provide the names, qualifications and experience of your senior executives:

4.12 Has your firm ever had any agencies with an insurance company refused or cancelled? If yes, please give details:

4.13 Is your firm registered with a data protection agency? Please provide your registration number and details of how this can be checked:

Section 5: Industry experience

5.1 What is your experience in health insurance? Please provide details:

5.2 What is your average gross premium written in health insurance during the last 24 months?

5.3 Please provide the contact details of two major suppliers for us to take references:

5.4 Bank details for commission/brokerage payments:

Section 6: Declaration

We declare that answers and statements given in this application are accurate to the best of our knowledge and undertake to inform Now Health International (Asia Pacific) Limited of any material change of circumstances promptly.

We further declare that we have the necessary licence and authorisation to carry and advise plans managed by Now Health International (Asia Pacific) Limited in the market we operate.

Signature:

Date (dd/mm/yyyy):

Official stamp:



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Now Health International

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Plans issued in Hong Kong are underwritten by AXA General Insurance Hong Kong Limited and arranged by Now Health International (Asia Pacific) Limited.

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Insurance Agent Registration Number: 10974559.