



Application Form for the Change of Information provided The Continuing Professional Development Programme for Insurance Intermediaries

June 2017

Approved Continuing Professional Development (CPD) Programme under the Insurance Intermediaries Quality Assurance Scheme (IIQAS) are required to seek prior approval from the Macau Institute of Financial Services (IFS) for any significant changes during the approval period. If the change request is considered to be substantial such as involving over 30% of additional course content or CPD hours, the IFS may impose a surcharge equivalent to 50% of the re-assessment fee.

The IFS will not return the application form and any documents received to the activity organizer regardless of the outcome. Any personal data required in this form will be used only for the purpose of applying for change(s). Please also note that according to the Personal Data Protection Act [Article 11 no. 1(4)], any person whose personal data is provided has the right of access to and correction of the personal data.

Please submit the completed **Application Form for the change of information provided** together with the required fee (if any) to:

Macau Institute of Financial Services
Avenida Sidónio Pais, 1-B
Tung Hei Kok Building, Ground Floor,
Macau

Please refer to the Assessment Criteria when filling in the form

Title of activity:

CPD Ref. No.:

**Name of activity
organizer:**

(For Office Use Only)

Ref. No.: _____

Fee (if any): _____

Date of Receipt: _____

The Continuing Professional Development Programme for Insurance Intermediaries

<i>APPLICATION FORM FOR THE CHANGE OF INFORMATION PROVIDED</i>	
<i>SECTION A</i>	<i>CATEGORY OF PROPOSED CHANGES</i>
<i>Category</i>	<i>Supporting documents</i>
<input type="checkbox"/> <i>Name of activity organizer</i>	<i>Copy of Business Registration/Certificate of Incorporation</i>
<input type="checkbox"/> <i>Activity title</i>	<i>Updated lesson plan, updated course materials and comparison table showing the difference between the old and the new version</i>
<input type="checkbox"/> <i>CPD hours</i>	
<input type="checkbox"/> <i>Course contents</i>	
<input type="checkbox"/> <i>Modular design</i>	
<input type="checkbox"/> <i>Medium of instruction</i>	
<input type="checkbox"/> <i>Target participants</i>	<i>Internal relevant documents</i>
<input type="checkbox"/> <i>Head of organization/department</i>	<i>Internal relevant documents</i>
<input type="checkbox"/> <i>Person-in-charge/Instructor</i>	<i>Updated profile of Person-in-charge/Instructor</i>
<input type="checkbox"/> <i>Appointment criteria</i>	<i>Internal relevant documents</i>
<input type="checkbox"/> <i>Training Venue</i>	<i>Floor plan, rental agreement and insurance coverage for third party liability</i>
<input type="checkbox"/> <i>No. of maximum/minimum participants</i>	<i>Training venue capacity(ies)</i>
<input type="checkbox"/> <i>Quality assurance</i>	<i>Quality assurance manual</i>
<input type="checkbox"/> <i>Others</i>	

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SECTION B

DETAILS OF PROPOSED CHANGES

Please specify the proposed change(s) in the following table and provide the relevant supporting documents and required fee (if any). Separate sheet(s) may be added if necessary.

<i>Category</i>			
<i>Proposed from</i>			
<i>Proposed to</i>			
<i>Effective date</i>			
<i>Reason(s)</i>			
<i>Supporting document(s)</i>			

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<i>APPLICATION FORM FOR THE CHANGE OF INFORMATION PROVIDED</i>			
<i>SECTION C</i>		<i>RESPONSIBLE PERSONS</i>	
<i>Responsible persons</i>			
	<i>Head of organization/department</i>	<i>Person-in-charge</i>	<i>Authorized contact person* (if different from person-in-charge)</i>
<i>Name</i>			
<i>Position</i>			
<i>Organization</i>			
<i>Address</i>			
<i>Phone</i>			
<i>Fax</i>			
<i>E-mail address</i>			
<p><i>* The IFS will direct inquiries about the application to the authorized contact person, whose name and phone number will be put on the IFS website for approved CPD activities open to the public. Please inform the IFS when there are changes in the above information.</i></p>			

The Continuing Professional Development Programme for
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SECTION D

**STATEMENT BY THE HEAD OF
ORGANIZATION/DEPARTMENT**

To:

*The Executive Board
of the Macau Institute of Financial Services*

I declare that all the information provided in the application form is accurate to the best of my knowledge. I understand and accept that the IFS may approach us directly for further information regarding the application for the change of information provided. I also understand and accept that a non-refundable fee (if any) is charged for the relevant assessment work irrespective of the assessment outcome. The fee (if any) should be made payable to the 'Macau Institute of Financial Services'.

Name: _____

Signature: _____

Position: _____

Date: _____ / _____ / _____

The Continuing Professional Development Programme for Insurance Intermediaries

Checklist of Documents to be attached to the Assessment Application for the Change of Information provided

Please check the following documents are completed and attached to this application form before submission. Failure to provide the following documents may delay the assessment process and affect the assessment outcome.

<i>Attachment No.</i>	<i>Documents Concerned</i>	<i>Availability</i>	<i>For official use</i>
1.	<i>Updated relevant records</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	
2.	<i>Updated lesson plan (including breaks) and comparison table showing the difference between the old and the new version</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	
3.	<i>Updated course materials, comparison table showing the difference between the old and the new version</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	
4.	<i>Updated profile of person-in-charge/ instructor</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	
5.	<i>Updated floor plan, rental agreement and insurance coverage for third part liability, and training venue capacity(ies)</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	
6.	<i>Quality assurance manual</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>not applicable</i>	

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