The Chartered Insurance Institute Hong Kong Limited
Suite 601, 6th Floor, OVEST,
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Group Nomination Form -
Certified Insurance Professionals Induction Course (特許保險師先導課程)

Certified Insurance Professionals Induction Course (特許保險師先導課程) aims to equip insurance practitioners with knowledge of insurance, financial planning, and related investment products. It will also cover business ethics and regulations for insurance, financial and investment planning in Hong Kong market.

This nomination form is available in English and Chinese. Please fill in and sign this form digitally in English in fillable PDF format OR in physical form.

Note: This form is designed for nominating multiple candidates from the same organisation/department.

Company Name 公司名稱	
Department 部門	
Programme Enrolled 報讀課程	Certificate for Module (Certified Insurance Professionals Induction Course) 特許保險師先導課程

(A) Nominee's Personal Particulars 被薦人資料			
Candidate 1 (被薦人**1)**			
Title 稱謂 (Mr/Miss/Ms/Mrs)		**Preferred Name** 別稱	
English Name 英文姓名 (Surname first)			
Chinese Name 中文姓名			
Contact No. 聯絡電話	**Day Time** 日間:	**Night Time** 晚間:	
Email Address 電子郵件			
			(For Office Use 內部填寫)

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Candidate 3 (被薦人**2)**			
Title 稱謂 (Mr/Miss/Ms/Mrs)		**Preferred Name** 別稱	
English Name 英文姓名 (Surname first)			
Chinese Name 中文姓名			
Contact No. 聯絡電話	**Day Time** 日間:	**Night Time** 晚間:	
Email Address 電子郵件			
(For Office Use 內部填寫)			

Candidate 3 (被薦人**3)**			
Title 稱謂 (Mr/Miss/Ms/Mrs)		**Preferred Name** 別稱	
English Name 英文姓名 (Surname first)			
Chinese Name 中文姓名			
Contact No. 聯絡電話	**Day Time** 日間:	**Night Time** 晚間:	
Email Address 電子郵件			
(For Office Use 內部填寫)			

Candidate 4 (被薦人**4)**			
Title 稱謂 (Mr/Miss/Ms/Mrs)		**Preferred Name** 別稱	

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English Name 英文姓名 (Surname first)		
Chinese Name 中文姓名		
Contact No. 聯絡電話	**Day Time** 日間:	**Night Time** 晚間:
Email Address 電子郵件		
		(For Office Use 內部填寫)

Candidate 5 (被薦人**5)**			
Title 稱謂 (Mr/Miss/Ms/Mrs)		**Preferred Name** 別稱	
English Name 英文姓名 (Surname first)			
Chinese Name 中文姓名			
Contact No. 聯絡電話	**Day Time** 日間:	**Night Time** 晚間:	
Email Address 電子郵件			
			(For Office Use 內部填寫)

**If you nominate more than 5 candidates, please attach additional sheets. 如提名超過5位候選人，請另附頁。*

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(B) Declaration 聲明

I, the undersigned candidate(s), hereby certify that, to the best of my knowledge, the information provided in this form is true, accurate, and complete

本人（等）茲證明，就本人所知，本表格所提供之資料真實、準確且完整

Authorised Signature 代表簽署: Date 日期:

(C) Recommendation 推薦 (To be completed by the Company Department 由公司部門填寫)

I wish to nominate my above staff for the Certificate for Module (Certified Insurance Professionals Induction Course) for 2026.

本人希望提名上述員工報讀 2026年度的特許保險師先導課程。

Authorised Signature 授權人簽署
(Applicable to Chief Executive / Department Head / Management)
(適用於行政總裁/部門主管/管理層)

Name 全楷姓名:_____ **Date** 日期: _____