**Appendix B**

**Notification of Changes in Roles and Responsibilities / Reporting Structure of Key Executive Persons to the Authority**

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| --- | --- |
| Name of DFHC (Licensed Insurer) |  |
| Name of key executive person |  |
| Current position | 🞎 Chief executive  🞎 Deputy chief executive  🞎Chief financial officer of a Tier 1 DFHC (Licensed Insurer)  🞎Chief risk officer of a Tier 1 DFHC (Licensed Insurer)  🞎 Others, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please tick accordingly)* |
| Description of proposed arrangement (including the reason for the proposed arrangement) |  |
| Date that the above proposed arrangement will take effect (dd/mm/yyyy) |  |
| Date of notification to the Authority (dd/mm/yyyy) |  |
| As per paragraph 8 of the Notice, where applicable, please include a written explanation from the board of directors or nominating committee on:   * + 1. whether the proposed arrangement would result in a conflict of interest with the key executive person’s current responsibilities in the DFHC (Licensed Insurer), or would otherwise impair the key executive person’s ability to discharge his duties in respect of the DFHC (Licensed Insurer), and the reasons for the assessment; and     2. in the case where the board of directors or nominating committee has assessed that there would be a conflict of interest or impairment, the measures that the DFHC (Licensed Insurer) proposes to put into place, or has put in place, to mitigate the conflict or impairment, as the case may be. |  |