

香港保險師公會有限公司

THE HONG KONG SOCIETY OF CERTIFIED INSURANCE PRACTITIONERS LTD.

Membership Sub-committee address:

c/o 27/F, Manulife Plaza, The Lee Gardens, 33 Hysan Avenue, Causeway Bay, Hong Kong.

(Attn: Mr. Johnson Wong)

Tel No.: 2956 8088

Fax No.: 2314 3945

MEMBERSHIP APPLICATION

PERSONAL DETAILS

SURNAME: (Mr / Mrs / Miss / Dr.)	
GIVEN NAMES:	NAME IN CHINESE (if applicable):
DATE OF BIRTH (optional):	SEX: MALE / FEMALE
HOME ADDRESS:	

Employer (current)

NAME OF COMPANY:	
CORRESPONDENCE ADDRESS:	
E-MAIL ADDRESS:	POSITION HELD:
CONTACT TELEPHONE NO.:	FAX NO.:

ACADEMIC / PROFESSIONAL INSURANCE QUALIFICATIONS

	Name & Address of Institute / University	Degree / Insurance Qualifications	Graduate / Qualified Year	Subjects Passed (for degree holder)
1				
2				
3				

Please enclose copies of certificates / transcripts on the above and to be certified by yourself as true copy.

EMPLOYMENT / WORKING EXPERIENCE

Do you have 5 or more years of insurance managerial experience? Yes / No

	Name & Address of Employer	Position Held	Period	Main Job Duties
1				
2				
3				

Please use separate sheet if more space required.

I hereby apply to join as Student Member / Affiliate Member / Associate / Fellow (delete as appropriate) of **The Hong Kong Society of Certified Insurance Practitioners Limited** (hereinafter called “**The Society**”) and if elected, I agree to abide by the Memorandum and Association of the Society and comply with membership rules and regulations. I will be entitled to use the designation of “**HKCIP and 保險師**” as long as I remain an Associate or a Fellow Member of the Society. I understand that the Society has absolute discretion in acceptance and no reason will be given for refusal of my application.

I confirm that I will be able to contribute my knowledge and experience to the Society in the following classes of insurance.

- 1.
- 2.
- 3.

I shall pay the required membership fee upon admittance to the Society and annually thereafter.

(The current membership fees are HK\$100 and HK\$300 respectively for Student Member and for other Classes of Members.)

I hereby expressly give consent to the Society to keep all such information, originals and copies of my personal data and documents in whatever form and which may be transferred or copied in any manner to any other person or body corporate as the Society may deem fit notwithstanding any data privacy laws.

Date: _____ Signature of Applicant: _____

FOR OFFICE USE:

Membership Sub-Committee vetting

	Signature		Signature
1. Accept / Decline		2. Accept / Decline	
3. Accept / Decline		4. Accept / Decline	

Date of Admittance	Membership Number	Remarks