

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 Suite 1706, Wing On Centre, 111 Connaught Road Central, Hong Kong.

(Attn: Mr Johnson Wong)

Tel No.: 2315 4577

Fax No.: 2315 4545

Email : johnson88wong@yahoo.com.hk

**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 cope.

## 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 |
|--------------------|-------------------|---------|
|                    |                   |         |