



Membership Application Form(A)

FULL MEMBER / CORPORATE ASSOCIATE MEMBER

Please complete and mail this form together with your payment to:
Director of Membership Extension, GPO Box 6542, Hong Kong.

Website : www.hkci.org

Type of Membership Applied (Please refer to the membership definition stated below before completion)

- Full Member
 Corporate Associate Member } Entrance Fee : HK\$250 ; Annual Subscription : HK\$600 (Please tick as appropriate.)

Section 1 - Company Information

Name of Company : _____ Number of Employees : _____
 Company Address : _____
 _____ Tel : _____ Fax : _____ E-mail : _____
 Business Registration No. : _____ Year Established : _____

- We are registered agent / authorised broker in compliance with the law of Hong Kong.
 We are business organisation closely related to Insurance industry.
 Main line of business: General / Life / Composite Insurance / others: _____

Please enclose a copy of your Business Registration Document with this application for our records. (Please tick as appropriate.)

Section 2 - Name of Nominee(s) Each member is entitled to nominate its staff for individual membership including one appointed nominee*. All correspondence will be forwarded to appointed nominee 1*

1* Name : Mr / Mrs / Miss : _____ Name in Chinese (if any): _____
 Date of birth : _____ Nationality : _____ Passport / ID number : _____
 Position Held : _____ Experience in insurance field: since (year) : _____
 Insurance qualification (if any): ()FCII ()ACII ()ANZIIF ()FLMI ()CLU Others: (please specify) : _____

2 Name : Mr / Mrs / Miss : _____ Name in Chinese (if any): _____
 Date of birth : _____ Nationality : _____ Passport / ID number : _____
 Position Held : _____ Experience in insurance field: since (year) : _____
 Insurance qualification (if any): ()FCII ()ACII ()ANZIIF ()FLMI ()CLU Others: (please specify) : _____

3 Name : Mr / Mrs / Miss : _____ Name in Chinese (if any): _____
 Date of birth : _____ Nationality : _____ Passport / ID number : _____
 Position Held : _____ Experience in insurance field: since (year) : _____
 Insurance qualification (if any): ()FCII ()ACII ()ANZIIF ()FLMI ()CLU Others: (please specify) : _____

4 Name : Mr / Mrs / Miss : _____ Name in Chinese (if any): _____
 Date of birth : _____ Nationality : _____ Passport / ID number : _____
 Position Held : _____ Experience in insurance field: since (year) : _____
 Insurance qualification (if any): ()FCII ()ACII ()ANZIIF ()FLMI ()CLU Others: (please specify) : _____

5 Name : Mr / Mrs / Miss : _____ Name in Chinese (if any): _____
 Date of birth : _____ Nationality : _____ Passport / ID number : _____
 Position Held : _____ Experience in insurance field: since (year) : _____
 Insurance qualification (if any): ()FCII ()ACII ()ANZIIF ()FLMI ()CLU Others: (please specify) : _____

We, the undersigned hereby apply to become Full Member / Corporate Associate Member of the Hong Kong Chamber of Insurance Intermediaries and agree to comply with all the regulations as set by the Chamber from time to time. We understand that the acceptance of our application is subject to the final approval of the Executive Committee of the Chamber.

Our membership fee made payable to Hong Kong Chamber of Insurance Intermediaries is herewith enclosed as follows:

Bank name : _____
 Cheque number : _____
 Amount (HK\$) : 850
 Proposer : _____

 Signature of applicant (With company chop where appropriate)

Name : _____ Date : _____

Note:

"Full Member" - is an organisation who carries on business in Hong Kong as an insurance intermediary under a valid business registration certificate issued by Hong Kong S.A.R. Government and is to be represented by a Nominee of such organisation registered with the Chamber and duly accepted by the Chamber. (A "Nominee" is an Individual Member of the Chamber who is the chief or a very senior executive officer of, and nominated by a Full Member.

"Corporate Associate Member" - is an organisation whose business activities are closely related to the insurance industry and duly accepted by the Chamber.

For office use only

Date received : _____ Date ack. sent : _____
 Date approved : _____ Date cert. sent : _____
 Membership due date : _____
 Remarks : _____

Membership No. Assigned	
Company	
Nominee 1	
Nominee 2	
Nominee 3	
Nominee 4	
Nominee 5	