

## **HONG KONG INSTITUTE OF CHIEF EXECUTIVES**

## INDIVIDUAL MEMBERHIP APPLICATION

| For | Official | Use |  |
|-----|----------|-----|--|
|     |          |     |  |

| Notes to | consider | before | completing | this | form |
|----------|----------|--------|------------|------|------|
|----------|----------|--------|------------|------|------|

- 1. Please complete in black/blue.
- 2. You should submit the followings:
  - i) This application form;
  - ii) Photocopies of:
    - a) academic qualification /professional qualification,
    - b) evidence of past employment records,
  - iv) Total Fees (=application fee + annual subscription fee for which the grade you apply) submitted in the form of either a. Hong Kong dollars crossed cheque/ cashier order made payable to 'Hong Kong Institute of Chief Executives'
- 3. Please return to 'HKICE, Unit 2305A World Wide House, 10 Des Voeux Road Central, Hong Kong'

Application fee (non-refundable): HK\$1,000

Annual subscription: Fellow HK\$10,000

Member HK\$5,000 Associate Member HK\$3,000

A surcharge of \$100 will be levied on every dishonoured cheque.

| 1. A | PP | LY | FO | R | (put a | a tick | in the | box) |
|------|----|----|----|---|--------|--------|--------|------|
|------|----|----|----|---|--------|--------|--------|------|

| Honorary Fellow of Hong Kong Institute of Chief Executives (Hon. FHKICE) |
|--|
| Fellow of Hong Kong Institute of Chief Executives (FHKICE)               |
| Member of Hong Kong Institute of Chief Executives (MHKICE)               |
| Associate Member of Hong Kong Institute of Chief Executives (AHKICE)     |

## 2. PERSONAL DETAILS

| TITLE: MR/MRS/MISS/MS/DR      | FAMILY NAME | OTHER NAMES                 |     |
|-------------------------------|-------------|-----------------------------|-----|
| CHINESE NAME                  | GENDER      | DATE OF BIRTH               | AGE |
| PREFERRED NAME ON CERTIFICATE |             | H.K.I.D. CARD/ PASSPORT NO. |     |
| NATIONALITY                   | COUN        | ITRY OF BIRTH               |     |

## 3. CONTACT INFORMATION

|        | • |            |                  |     |                         |                |   |
|--------|---|------------|------------------|-----|-------------------------|----------------|---|
| CORR   | ESPONDENCE ADDRE                        | SS         |                  |     |                         |                |   |
|        |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
|        |   |            |                  |     |                         |                |   |
| HOME   | ADDRESS (IF DIFFERI                     | NT EDOM T  | HE ABOVE)        |     |                         |                |   |
| HOIVIE | ADDRESS (IF DIFFERI                     | INT FROM I | HE ABOVE)        |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
| l      |   |            |                  |     |                         |                |   |
|        |   |            |                  |     |                         |                |   |
|        | HOME PHONE NO.                          |            | OFFICE PHONE NO. |     | MOBILE PHONE NO./ PAGER | E-MAIL ADDRESS |   |
| (      |   | ) (        |                  | ) ( | ) (                     |                | ) |
|        |   | , ,        |                  | , , | , ,                     |                | • |

| Date of Award<br>(MM/YY)                               | Awarding Institute (state country)  | Title of Award                                | Honours / Major Classification (if applicable)       |
|--|---|---|--|
|  |   |   |  |
|  |   |   |  |
|  | HEST PROFESSIONAL QUALIFIC  |   |  |
| Date of<br>Completion<br>(MM/YY)                       | Name of Awarding Body   | Qualifications / Ti                           | tle of Award / Title of Membership                   |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| 6. MOST RE   | ECENT EMPLOYMENT  |   |  |
| DB TITLE   |   | DA  | TE OF COMMENCEMENT                                   |
| AME OF ORGANISATION (                                  | (IN ENGLISH)  | (IN C   | HINESE)  |
| ATURE OF ORGANISATIO                                   | N (e.g. banking, accounting)  | EF  |  |
| USINESS ADDRESS  |   |   |  |
| 7. OTHER IN  | NFORMATION  |   |  |
| <u> </u>   |   |   |  |
| o DECLADA  | TION AND AUTHORISATION  |   |  |
|  | on my registration in the institution, this data will become a part of the institu  | tion record. That record may be used for a nu | umber of administrative purposes consistent with the |
| ii) With reference to the successful applicants        | <ul> <li>requirements of the Personal Data (Privacy) Ordinance, we would like to in<br/>who are qualified as HKICE, however, the data will be kept updated and<br/>no events and surveys 3) information dissemination.</li> </ul> |   |  |
| iii) In the event of my term discretion for individual | injection from the institute, I hereby agree to pay all arrears of subscriptional employers/ organisations to recognise any qualification to which this cutives and in the event of cessation of award shall be returned to the C | award/professional qualification may lead.    |  |
|  | me and the information given in support of this application is accurate and $lpha$  |   |  |
|  |   |   |  |
| APPLICANT'S SIGN                                       | NATURE  | DATE  |  |