



## Individual Membership Application Form 2020

\* All fields **MUST BE FILLED IN** for processing the application

\* Please complete the form in **BLOCK LETTERS**

| SECTION A: PERSONAL DETAILS   |                                      |  |   |
|---|--------------------------------------|--|---|
| Membership No.  | Membership Class:                    | <input type="checkbox"/> Ordinary Member           | <input type="checkbox"/> Student Member |
| Title: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms |                                      |  |   |
| Name in English<br>(as shown on identity document)  | : (Surname)<br>(Given Name)          | Name in Chinese<br>(as shown on identity document) | :                                       |
| HKID /Passport No.:   | Date of Birth (dd/mm/yyyy):          | /  | /                                       |
| Correspondence Address<br>(Please put a "✓" in the appropriate box)   | <input type="checkbox"/> Residential | <input type="checkbox"/> Office                    |   |
| Residential Address :   |                                      | Residential Tel No. :                              |   |
| Office Address :  |                                      | Office Tel No. :                                   |   |
| Mobile No. (Hong Kong/Macao/China)*:  |                                      |  |   |
| Primary / Work Email:   |                                      | Secondary Email:                                   |   |

| SECTION B: EMPLOYMENT DETAILS  |  |  |   |
|--|--|--|---|
| Name of Current Employer:  |  |  |   |
| Department:  |  | Job Title:   |   |
| Other employment information (Please put a "✓" in the appropriate box) |  |  |   |
| <b>Industry</b>  | <input type="checkbox"/> Accounting / Audit<br><input type="checkbox"/> Government / Regulator<br><input type="checkbox"/> Securities and other financial institutions | <input type="checkbox"/> Banking<br><input type="checkbox"/> Insurance   | <input type="checkbox"/> Commercial / Industrial<br><input type="checkbox"/> Legal Practice<br><input type="checkbox"/> Others: _____           |
| <b>Position</b>  | <input type="checkbox"/> CEO / Director<br><input type="checkbox"/> Officer  | <input type="checkbox"/> Senior Management<br><input type="checkbox"/> Clerical  | <input type="checkbox"/> Middle Management<br><input type="checkbox"/> Others: _____  |
| <b>Division<br/>(banking industry only)</b>                            | <input type="checkbox"/> Asset Management<br><input type="checkbox"/> Fintech<br><input type="checkbox"/> Operations & Support<br><input type="checkbox"/> Treasury    | <input type="checkbox"/> Commercial / Corporate Banking<br><input type="checkbox"/> General Management<br><input type="checkbox"/> Private Banking<br><input type="checkbox"/> Others: _____ | <input type="checkbox"/> Compliance & Risk Management<br><input type="checkbox"/> Investment Banking<br><input type="checkbox"/> Retail Banking |

| SECTION C: ACADEMIC/ PROFESSIONAL QUALIFICATIONS (HIGHEST QUALIFICATION ONLY) |                        |                    |
|---|------------------------|--------------------|
| School/College/Professional Institution/University                            | Qualification obtained | Year of Completion |
|   |                        |                    |
|   |                        |                    |



SECTION D: EDUCATION DETAILS (for Student Members only)

Name of University / College: \_\_\_\_\_

Faculty / Department: \_\_\_\_\_

Current Major Subject: \_\_\_\_\_

Current Year of Study: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

STUDENT HELPER REGISTRATION

Availability:  Part-time  Summer Holiday

Areas of Interests:  Market Research  Telephone Survey  Office Administration
 Business Function Support  Data Processing  Events Support
 Community Services Support  Others (please specify), \_\_\_\_\_

Language Skills: English:  Excellent  Fair  N/A
Mandarin:  Excellent  Fair  N/A
Cantonese:  Excellent  Fair  N/A
Others, (please specify): \_\_\_\_\_

Other Skills:  Photography  Design  Chinese Typing  Translation
 Others (please specify): \_\_\_\_\_

SECTION E: INTERESTED IN HKIB'S PROGRAMMES/ EVENTS

To enable us to send relevant information to you, please indicate your interest by checking the respective box(s).

Certified Banker (CB)  ECF on Anti-Money Laundering and Counter-Financing of Terrorism
 Courses/ Seminars/ Luncheon  ECF on Retail Wealth Management  Others(please specify): \_\_\_\_\_
 Networking events  ECF on Cybersecurity  Industry updates

SECTION F: SOURCE OF INFORMATION

From which of the following sources do you know our Institute?

Colleagues/Classmates/Friends  Newspaper/Magazine
 HKIB's website  Information Session/Exhibition
 HR/Training Department  Labour Department
 Homepage of Education and Manpower Bureau  Others (please specify): \_\_\_\_\_

SECTION G: MEMBERSHIP FEE 2020 & PAYMENT METHOD (Please put a "✓" in the appropriate box)

Membership Fee: Total Amount: \_\_\_\_\_ (First registration Fee + Annual Fee)

First registration Fee  HKD200
Ordinary Members  HKD1,080 (Jan 2020 - Dec 2020)
Student Members  HKD200 (HKIB Student Membership is valid till 31 Dec of the graduation year)
Senior Members  HKD200 (Members aged 60 or above regardless of Membership Class)

Payment Method:

Cash (payable only in person at HKIB counter)  FPS
FPS account number: account@hkib.org
please state "Full Name in English" and "Individual Membership Application 2020" under remarks
 Cheque: made payable to "The Hong Kong Institute of Bankers" (cheque no. \_\_\_\_\_)  Credit Card
 Visa  Master
 e-Cheque: please state "Individual Membership Application 2020" under 'Remarks' and email together with the completed application form to membership@hkib.org
Card No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Name of Cardholder (as on credit card): \_\_\_\_\_
Expiry Date (MM/YY): \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_



**NOTES FOR INDIVIDUAL MEMBERSHIP APPLICATION**

1. All fees paid are non-refundable and non-transferable.
2. If you fail to pay the Membership fee on or before **31 January of each calendar year**, your Membership status will be cancelled and treated as Default Members. If you are a Professional Member, your professional designation(s) will be suspended and removed from the Registers of Certified Individuals (CI) on our website.
3. Default Members seeking reinstatement of their Membership are required to pay the Membership Fee for the current year plus the Re-registration Fee (HKD2,000).
4. Members can choose to return their Membership Application Form to the Institute:
  - in person;
  - by fax (should you choose to fax the form, please do not mail it to the Institute to avoid duplication);
  - by post; or
  - by email: membership@hkib.org
5. The information given and personal data collected will only be used for the purposes of administration and communication by the Institute.

**ACKNOWLEDGEMENT AND DECLARATION**

1. I, the undersigned, declare that the information provided in this form is true and correct and will be used for the purposes of administration and communication by The Hong Kong Institute of Bankers (HKIB).
2. I understand that as a Member of HKIB, I shall be bound by the prevailing rules and regulations of the Institute.
3. I have read the **“Notes for Individual Membership Application”** before completing this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST**

Before submitting the form, please ensure that: (Please put a “✓” in the appropriate boxes)

- You have completed this Membership Application Form.
- You have signed and dated the Acknowledgement and Declaration.
- You have enclosed a copy of your identity card / Passport.
- You have enclosed a copy of student card if you apply for Student Membership.
- You have enclosed a cheque or completed the credit card payment instructions (except paid by cash).

|            |             |             |     |     |              |
|------------|-------------|-------------|-----|-----|--------------|
| Updated by | Verified by | Approved by | IMA | ACP | Confirmation |
|------------|-------------|-------------|-----|-----|--------------|

**Hong Kong Head Office:**

Address: 3/F., Guangdong Investment Tower, 148 Connaught Road Central, Sheung Wan, Hong Kong  
Telephone no.: (852) 2153 7800 Fax no.: (852) 2544 9946 Email: hkib@hkib.org Website: http://www.hkib.org

**Beijing Representative Office:**

Address: 8/F, Tower 5, Courtyard 1, Yuetan South Street, Xicheng District, Beijing, China (Postcode: 100045)  
Telephone no.: (86) 10-6657 5550 Fax no.: (86) 10-6657 4966 Email: hkib-beijing@hkib.org