

## **Individual Membership Reinstatement Form 2020**

- \* All fields **MUST BE FILLED IN** for processing the application \* Please complete the form in **BLOCK LETTERS**

	NAL DETAILS				/5 : .:	
Membership No.	М	embership Class:	☐ Fellow Member ☐ Ordinary Member	☐ Professional Meml	per (Designation:	
Title: ☐ Prof ☐ Dr [	☐ Mr ☐ Mrs ☐ Ms					
Name in English (as shown on identity documer	: (Surname) : (Given Name)  Name in Chinese : (as shown on identity document)					
HKID /Passport No.:	The No.: Date of Birth (dd/mm/yyyy): / /					
Correspondence Addre		☐ Residentia	☐ Office			
Residential : Address :				Residentia Tel No.	· :	
Office : Address				Office Tel No.	:	
Mobile No. (Hong Kong	/Macao/China):					
Primary / Work Email:			Secondary Emai	:		
SECTION B: EMPLO	YMENT DETAILS					
Name of Current Emplo						
Name of Current Emplo			Job Title:			
Name of Current Emplo	yer:	the appropriate box)	Job Title:			
Name of Current Emplo	yer:	ulator $\Box$	l Banking □ Co	mmercial / Industrial gal Practice hers:	☐ Education	
Name of Current Emplo  Department:  Other employment inform	ation (Please put a "✓" in  ☐ Accounting / Audit ☐ Government / Regu	ulator $\Box$	I Banking □ Co I Insurance □ Le ons □ Ot	gal Practice hers:	☐ Education	
Department:  Other employment inform  Industry	ation (Please put a "✓" in  ☐ Accounting / Audit ☐ Government / Regu ☐ Securities and othe	ulator	Banking Co Insurance Le ons Of	gal Practice hers: lanagement	ce & Risk Management of Banking	
Name of Current Emplo Department:  Other employment inform Industry  Position  Division (banking industry only)	ation (Please put a "√" in  Accounting / Audit Government / Regu Securities and othe CEO / Director Officer Asset Management Fintech Operations & Supp Treasury	ulator  r financial institution  Senior Mana Clerical  t  ort	Banking Co I Insurance Le ons Others: Commercial / Corporate Commercial Management Private Banking Others:	gal Practice hers: lanagement  Banking	ce & Risk Management of Banking	
Name of Current Emplo Department:  Other employment inform Industry  Position  Division (banking industry only)  SECTION C: EDUCA	ation (Please put a "√" in  Accounting / Audit Government / Regu Securities and othe CEO / Director Officer Asset Management Fintech Operations & Supp Treasury	ulator  r financial institution  Senior Mana Clerical  t  ort	Banking Co I Insurance Le ons Others: Commercial / Corporate Commercial Management Private Banking Others:	gal Practice hers: lanagement  Banking	ce & Risk Management of Banking	
Name of Current Emplo Department:  Other employment inform Industry  Position  Division (banking industry only)  SECTION C: EDUCA Name of University / Co	ation (Please put a "√" in  Accounting / Audit Government / Regu Securities and othe CEO / Director Officer Asset Management Fintech Operations & Supp Treasury	ulator  r financial institution  Senior Mana Clerical  t  ort	Banking Co I Insurance Le ons Others: Commercial / Corporate Commercial Management Private Banking Others:	gal Practice hers: lanagement  Banking	ce & Risk Management of Banking	
Name of Current Emplo  Department:  Other employment inform  Industry  Position  Division	ation (Please put a "√" in  Accounting / Audit Government / Regu Securities and othe CEO / Director Officer Asset Management Fintech Operations & Supp Treasury	ulator  r financial institution  Senior Mana Clerical  t  ort	Banking Co I Insurance Le ons Others: Commercial / Corporate Commercial Management Private Banking Others:	gal Practice hers: lanagement  Banking	ce & Risk Management of Banking	

Last update: 18 November 2019

SECTION D: MEMBERSHIP FEE 2020 & PAYMENT METHOD (Please put a "">" in the appropriate box)									
Membership Fee: (Please put a "\" in the appropriate boxes)									
Re-registration Fee	✓ HKD2,000	(,)							
Fellow Members	•	(Jan - Dec 2020)							
Professional Members	· ·	(Jan - Dec 2020)							
Ordinary Members		(Jan - Dec 2020)							
Student Members	☐ HKD200	(HKIB Student Membership is valid till 31 Dec of the graduation year))							
Senior Members	☐ HKD200	(Members aged 60 or abo	ove regardless of Membership Cl	regardless of Membership Class)					
Total Amount: (Re-registration Fee + Annual Fee)									
Payment Method:  ☐ Cash  (payable only in person at HKIB counter)			□ FPS FPS account number: account@hkib.org please state "Membership Number" and "Individual Membership						
☐ Cheque: made payable to  "The Hong Kong Institute of Bankers"  (cheque no)			Reinstatement 2020" under remarks         □ Credit Card       □ Visa       □ Mastercard         Card No. :						
☐ e-Cheque: please state			Name of Carolland	15. 13.					
"Individual Members under 'Remarks' and	•		Name of Cardholder (as on credit card):						
completed reinstatem	0		Expiry Date (MM/YY): /         Signature:						
1					ı				
<ol> <li>All fees paid are non-refundable and non-transferable.</li> <li>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.</li> <li>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).</li> <li>Members can choose to return their Membership Application Form to the Institute:         <ul> <li>in person;</li> <li>by fax (should you choose to fax the form, please do not mail it to the Institute to avoid duplication);</li> <li>by email: membership@hkib.org</li> </ul> </li> <li>The information given and personal data collected will only be used for the purposes of administration and communication by the Institute.</li> </ol> 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 Reinstatement" 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 cheque or completed the credit card payment instructions (except paid by cash).  ☐ You have completed and enclosed the CPD Declaration Form for 2019 (for Professional Members only).  ☐ You have read the Notes for Individual Membership Reinstatement.									
FOR OFFICE USE ONLY									
i. i	/erified by	Approved by	IMA	АСР	Confirmation				

Website: http://www.hkib.org

Hong Kong Head Office:Address: 3/F., Guangdong Investment Tower, 148 Connaught Road Central, Sheung Wan, Hong KongTelephone no.: (852) 2153 7800Fax no.: (852) 2544 9946Email: hkib@hkib.orgVBeijing Representative Office:Address: 8/F, Tower 5, Countyard 1, Yuetan South Street, Xicheng District, Beijing, China (Postcode: 100045)Telephone no.: (86) 10-6657 5550Fax no.: (86) 10-6657 4966Email: hkib-beijing@hkib.org

MEM-G-004

Last update: 18 November 2019