



The Hong Kong Institute of Bankers

Membership New Application Form 2017

Student Member

Please complete the form in **BLOCK LETTERS**
This form is applicable to **FULL-TIME Students** only
* Required field **MUST BE FILLED IN** for processing the application

Batch No. :

SECTION A: PERSONAL PARTICULARS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Ms	Membership No.*:
Name (as shown on ID Card / Passport)*:	
Chinese Name:	Preferred Name:
ID Card/Passport No.*:	Date of Birth (dd/mm/yyyy) *: / /
Correspondence Address:	
Residential Telephone No.:	Fax No.:
Mobile No. (Hong Kong/Macau)*:	Mobile (China):
E-mail (Primary):	E-mail (Secondary):

EDUCATION PARTICULARS

Name of College / Institute / University:
Course of Study (Major)
Current Year of Study: Form _____ / Year _____ Expected Month & Year of Graduation _____ (MM/YY)

SECTION B: STUDENT HELPER REGISTRATION

Availability:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Summer Holiday		
Areas of Interests:	<input type="checkbox"/> Market Research	<input type="checkbox"/> Telephone Survey	<input type="checkbox"/> Office Administration	
	<input type="checkbox"/> Business Function Support	<input type="checkbox"/> Data Processing	<input type="checkbox"/> Events Support	
	<input type="checkbox"/> Community Services Support	<input type="checkbox"/> Others, _____		
Language Skills:	English: <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A	
	Mandarin: <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A	
	Cantonese: <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A	
	Others (please specify), _____			
Other Skills:	<input type="checkbox"/> Photography	<input type="checkbox"/> Design	<input type="checkbox"/> Chinese Typing	<input type="checkbox"/> Translation
	<input type="checkbox"/> Others, _____			

SECTION E: SOURCE OF INFORMATION

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

- | | | |
|---|--|--|
| <input type="checkbox"/> HKIB's website | <input type="checkbox"/> HR/Training Department | <input type="checkbox"/> Homepage of Education and Manpower Bureau |
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Colleagues/Classmates/Friends | <input type="checkbox"/> Information Session/Exhibition |
| <input type="checkbox"/> Labour Department | <input type="checkbox"/> Others, please specify _____ | |

Acknowledgement and Declaration

- I, the undersigned, declare that the information provided in this form is true and correct and will be used for the purpose of administration and communication by The Hong Kong Institute of Bankers (HKIB).
- I understand that as a member of the HKIB, I shall be bound by the prevailing rules and regulations of the Institute.
- I have read the "Notes for Membership Application" on Page 2 before completing this form.

Signature

Date

SECTION C: PAYMENT METHOD

<input type="checkbox"/> Cash _____ (for applications submitted over the Institute's counter only)	<input type="checkbox"/> PPS PPS Merchant Code: 9657 PPS Payment no.: _____ PPS Payment Reference no.: _____ Amount: _____
<input type="checkbox"/> A cheque / e-Cheque made payable to "The Hong Kong Institute of Bankers" Amount: _____ (cheque no. _____) For e-Cheque, please state "2017 Student Membership Application" under 'Remarks' and email together with the completed Application form to <u>membership@hkib.org</u>	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Amount: _____ Credit card no. : _____ - _____ - _____ - _____ Name of Cardholder: _____ (Same on the Credit Card Name) Expiry Date: ____ / ____ Signature: _____

FEES SCHEDULE

First Registration Fee	HK\$200	
Membership Period	Annual (Jan – Dec 2017)	Semi-Annual (Jul – Dec 2017)
Student Member	HK\$200	HK\$100

NOTES FOR MEMBERSHIP APPLICATION

- All fees (including the Membership Re-registration Fee and the Subscription Fee) paid are non-refundable and non-transferable.
- Current members who fail to pay the membership subscription fee on or before **31st January of each calendar year** will be treated as default members and the reinstatement policy will thereby be applied.
- Default members seeking reinstatement of membership are required to pay the membership subscription for the current year plus the Re-registration Fee (HK\$500).
- Default Professional Members seeking reinstatement of their membership may have an option to reinstate for life membership but the Re-registration fee still applies.
- Members can choose to send 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 e-mail: membership@hkib.org
- The information given and personal data collected will be used for the purpose of administration and communication by the Institute.

Acknowledgement and Declaration

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- I understand that as a member of the HKIB, I shall be bound by the prevailing rules and regulations of the Institute.
- I have read the **"Notes for 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 Hong Kong / Macau / Overseas Identity Card / Passport.
- you have enclosed a cheque or filled in the credit card payment instructions (except paid by cash).
- you have read the **Notes for Membership Application**.

FOR OFFICE USE ONLY

Paid by	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque/e-Cheque	Received by	Updated by	Verified by	Confirmation sent
	<input type="checkbox"/> PPS	<input type="checkbox"/> Credit Card				

Hong Kong Head Office:

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 Telephone no.: (852) 2153 7800 Fax no.: (852) 2544 9946 E-mail: hkib@hkib.org Website: http://www.hkib.org

Beijing Representative Office:

Address: Unit 07, 26/F BEA Tower, Building 1, 5 Guanghua Road, Chaoyang District, Beijing, China (Post Code: 100020)
 Telephone no.: (86) 10-6657 5550 Fax no.: (86) 10-6657 4966 E-mail: hkib-beijing@hkib.org