



Individual Membership Application Form 2019

* 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 (as shown on identity document)		: (Surname) (Given Name)	Name in Chinese (as shown on identity document)
HKID /Passport No.:		Date of Birth (dd/mm/yyyy): / /	
Correspondence Address (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)*:			
E-mail (Primary):		E-mail (Secondary):	

SECTION B: EMPLOYMENT DETAILS			
Name of Current Employer:			
Department:		Job Title:	
Other employment information (Please put a "✓" in the appropriate box)			
Industry	<input type="checkbox"/> Accounting / Audit <input type="checkbox"/> Government / Regulator <input type="checkbox"/> Securities and other financial institutions	<input type="checkbox"/> Banking <input type="checkbox"/> Insurance	<input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Legal Practice <input type="checkbox"/> Others: _____
Position	<input type="checkbox"/> CEO / Director <input type="checkbox"/> Officer	<input type="checkbox"/> Senior Management <input type="checkbox"/> Clerical	<input type="checkbox"/> Middle Management <input type="checkbox"/> Others: _____
Division (banking industry only)	<input type="checkbox"/> Asset Management <input type="checkbox"/> Fintech <input type="checkbox"/> Operations & Support <input type="checkbox"/> Treasury	<input type="checkbox"/> Commercial / Corporate Banking <input type="checkbox"/> General Management <input type="checkbox"/> Private Banking <input type="checkbox"/> Others: _____	<input type="checkbox"/> Compliance & Risk Management <input type="checkbox"/> Investment Banking <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 2019 & PAYMENT METHOD (Please put a "✓" in the appropriate box)

Membership Fee: Total Amount: _____ (First registration Fee + Annual Fee)

First registration Fee HKD200
Ordinary Members HKD1,050 (Annual Fee 2019)
Student Members HKD200 (Membership valid till graduation)
Senior Members HKD200 (Members aged 60 or above regardless of Membership Class)

Payment Method:

Cash (payable only in person at HKIB counter) PPS PPS Merchant Code: 9657
PPS Payment no.: _____
PPS Payment Reference no.: _____
 Cheque: made payable to "The Hong Kong Institute of Bankers" (cheque no. _____) Credit Card Visa Master
Card No. : _____ - _____ - _____ - _____
 e-Cheque: please state "2019 Individual Membership Application" under 'Remarks' and email together with the completed renewal form to membership@hkib.org
Name of Cardholder (as on credit card): _____
Expiry Date (MM/YY): ____ / ____ Signature: _____



NOTES FOR INDIVIDUAL MEMBERSHIP APPLICATION

1. All fees (including the Membership Re-registration Fee and the Subscription Fee) paid are non-refundable and non-transferable.
2. If you fail to pay the Membership subscription 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 Subscription 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 e-mail: 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 cheque or completed the credit card payment instructions (except paid by cash).
- You have read the **Notes for Individual Membership Application**.

Updated by	Verified by	Approved by	IMA no	ACP no:	Confirmation sent
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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: 8/F, Tower 5, Courtyard 1, Yuetan South Street, Xicheng District, Beijing, China (Postcode: 100045)

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