

APPLICATION FORM 會員申請表

Please fill in Block Letters 請以英文正楷填寫

Types of Membership 會員申請類別

Associate Member 附屬會員 Provisional Member 暫準會員

Personal Particulars 個人資料

Mr 先生 Mrs 太太 Ms 女士 Miss 小姐

Family Name 姓 _____

Given Name 名 _____

Name in Chinese 中文姓名 _____

Date of Birth 出生日期 _____ D日 _____ M月 _____ Y年

HK ID No. 身份證 _____

Nationality 國籍 _____

Home Address 住宅地址 _____

Tel. 聯絡電話 _____

Highest Education 教育程度

Primary School 小學 Technical Institute 專業學院

Secondary School 中學 Post Graduate 研究生

University 大學 Others 其他

Professional 專業資格 _____ (Please Specify)

Company 所屬公司

Company Name 公司名稱 _____

Address 公司地址 _____

Agent Code 編碼 _____

Office Tel. 公司電話 _____

Fax 傳真號碼 _____

Pager 傳呼機 / Mobile 手機 _____

Email Address 電郵 _____

Registration No. 註冊編號 _____

Referee Details 介紹人資料

Name 姓名 _____

Tel No. 電話號碼 _____

Job Nature 現職

Agent 保險代理 Corporate Staff 公司僱員

Agency Manager 營業經理 Broker 保險經紀

Other 其他 _____

Date of entry the life insurance business 加入壽險行業日期 _____ D日 _____ M月 _____ Y年

Payment by: Cheque# _____ Bank _____

VISA Card Master Card

Card Number 信用卡號碼 _____

Card Holder Name 信用卡持有人姓名 _____

Expiry Date 到期日期 _____ Amount 金額 **HK\$450**

Card Holder Signature 信用卡持有人簽署 _____

如閣下選擇以後每年以自動轉賬繳付會費，請填妥附設之“直接付款授權書”
If you agree to renew membership and pay membership fee of each calendar year by direct debit form your account, please complete the attached "Direct Debit Authorization form".

2012 年度 會員申請表

Photo Here 照片

I declare that I am primarily engaged in the business of life insurance and that I wish to become an Associate / Provisional member of The Life Underwriters Association of Hong Kong Ltd. and that if elected, I agree to subscribe to the following Membership Pledge.

Proposer and Seconder 建議人及附議人

(Must be LUAHK Life Member or Full Member)

必須為本會之永久會員或全資格會員

We, the undersigned, are acquainted with the applicant and (1) believe him/her to be a Person of good moral, ethical and professional standing and in every respect eligible to become a member of the association, and (2) we declare that we have met the applicant and have as far possible satisfied ourselves that the above details are correct.

Proposer 建議人

Name 姓名 _____

Member No 會員號碼 _____

Tel 電話 _____

Co 公司 _____

Signature 簽名

Seconder 附議人

Name 姓名 _____

Member No 會員號碼 _____

Tel 電話 _____

Co 公司 _____

Signature 簽名

Above two columns are compulsory item. 以上建議人及附議人兩項必須填寫。

Membership Pledge 會員承諾

As a member of The Life Underwriters Association of Hong Kong Ltd., I pledge that I will always PLACE the interests of policyowners and prospective purchasers before those of any insurer of myself; MAINTAIN the highest standards of professional competence in order to advise policyowners and prospective purchasers to the best of my ability; RESPECT the confidence of policyowners and prospective purchasers and carefully guard any information which becomes known to me regarding their personal and business affairs; UPHOLD the best interests of the institution of life insurance; and COMPLY with the Memorandum and Articles of Association, By-laws, and Code of Ethics of The Life Underwriters Association of Hong Kong Ltd.

Please check 請查看以下資料是否已填妥

- Do you fill in proposer's & seconder's information & have their signatures?
有否填妥建議人及附議人資料及簽名？
- Have you enclosed one photograph? 閣下是否已貼上一張半身近照？

★ If you are aged 20 or above and after 2 years of Provisional Member, you should take a qualification examination (or apply for exemption if you have passed some professional exams) and become a LUAHK - Full Member.

如閣下年齡為二十或以上已加入為暫準會員逾2年，閣下須經過會員資格評核試，又或閣下已考獲一些專業考試可作豁免，便能成為香港人壽保險從業員協會—全資格會員。

★ You company address will be your correspondence address.
閣下的公司地址為通訊地址。

★ The membership is to be renewed annually on first of January.
請在每年一月一日繳付新一年度之會費。

★ Annual Membership is valid until December 31 every year.
每年會籍及會費有效期至該年度之十二月三十一日。

★ Address: Units A-D, 23/F., Seabright Plaza, 9-23 Shell Street, North Point, Hong Kong
香港北角蠟殼街9-23號秀明中心23樓A-D室
Tel 電話：(852) 2570 2256 Fax 傳真：(852) 2570 1525
Email 電郵：info@luahk.org Website 網址：www.luahk.org

Personal Data Disclaimer - Personal Data Collected in this application form will be used for membership activities only.

收集個人資料聲明 - 此會員申請表中收集之個人資料只用作為會員活動用途。

Your Signature 申請人簽署

Signature 簽名

Date 日期

For Association Use Only 此欄不用填寫

Membership No. _____

Auth Code No. _____ Date _____

Trace No. _____ Control No. _____