

LUAHK MEMBERSHIP APPLICATION FORM 「保協」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
 Senior Member 資深會員

Personal Particulars 個人資料

- Mr 先生 Mrs 太太 Ms 女士 Miss 小姐

Family Name 姓 _____

Given Name 名 _____

Alias (if any) 別名 (如有) _____

Name in Chinese 中文姓名 _____

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

HKID No. 身份證號碼 _____

Nationality 國籍 _____

Home Address 住宅地址 _____

Mobile 手提電話 _____

Email Address 電郵 _____

Company 所屬公司

Company Name 公司名稱 _____

Company Address 公司地址 _____

Agent Code 中介人編號 _____

Office Tel. 公司電話 _____

Fax 傳真號碼 _____

Position 職位 _____

Registration No. 註冊編號 _____

Highest Education 教育程度

- Secondary 中學 University/Post-Secondary 大學 / 大專或以上
 Post-Graduate or above 碩士或以上 Others 其他
 Professional Qualifications 專業資格 _____ (Please Specify 請註明)

Referee Details 介紹人資料

Name 姓名 _____

Tel No. 電話號碼 _____ Membership No. 會員號碼 _____

Job Nature 現職

- Agent 保險代理 Corporate Staff 公司僱員
 Broker 保險經紀 Others 其他

Date of entry into the life insurance business

加入壽險行業日期 _____ D 日 _____ M 月 _____ Y 年

Payment by 繳付方式

Cheque # _____ Bank _____

Payable to "The Life Underwriters Association of Hong Kong Limited"

Credit Card (只接受 Visa / Master)

Card Number 信用卡號碼 _____

Cardholder Name 信用卡持有人姓名 _____

Expiry Date 有效期 _____ Amount 金額 **HK\$590**

Signature of Cardholder 信用卡持有人簽署 _____



2022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/ Senior member of The Life Underwriters Association of Hong Kong Ltd. and that if elected, I agree to subscribe to the following Membership Pledge.

本人聲明本人主要從事人壽保險業務，並希望成為香港人壽保險從業員協會的附屬 / 暫準 / 資深會員，如獲執委通過的話，本人同意遵守以下之會員承諾。

Proposer and Seconder 建議人及附議人

(Must be LUAHK Life Member, Senior or Full Member) 必須為本會之永久會員、資深會員或全資格會員
We, the undersigned, are acquainted with the applicant (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 as possible satisfied ourselves that the above details are correct.

Proposer 建議人

Name 姓名 _____ Signature 簽名 _____

Membership No. 會員號碼 _____

Tel 電話 _____ Co 公司 _____

Seconder 附議人

Name 姓名 _____ Signature 簽名 _____

Membership No. 會員號碼 _____

Tel 電話 _____ Co 公司 _____

Above two columns are compulsory items. 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 interest 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.

作為香港人壽保險從業員協會會員，本人承諾必須 - 客戶的利益放在首位；客戶資料必須保密；推介合適的保險服務及產品；清楚解釋投保計劃書；不可錯誤解說；不可濫誘；不可回佣；不可游說客戶轉換個人人壽保險單；慎重處理新團體保險單及退休金計劃；不可私取費用，並嚴格遵守協會之章程和專業守則。

Credit Card Direct Debit Authorization (Yearly Auto Direct Debit)

授權以信用卡直接付款 (每年自動轉賬會費)

- Credit Card Direct Debit Authorization: I accept and agree to transfer membership fee of The Life Underwriters Association of Hong Kong Ltd. which will be debited from above Credit Card Account and understand the membership fee will be subjected to change in accordance with the provision of the LUAHK policy. I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer. **Credit Card Direct Debit shall be made after 17 December each calendar year automatically.** Termination of the Authorization service shall be made in written before 17 December of the calendar year. Cancellation shall ONLY be effective if confirmation is made by LUAHK. No refund of membership fee will be possible if payment is settled.

授權以信用卡直接付款：本人同意及授權自本人上述之信用卡戶口於每年12月17日後自動轉賬繳付香港人壽保險從業員協會有限公司之會費，並明白會費將會根據協會之條例而變更。本人證明在此表格上之簽名式樣與本人之信用卡戶口式樣一致。如欲取消直接付款繳付會費之會員，請於每年12月17日前以書面通知本會，並獲本會確認後才正式生效。會員如未能於12月17日前通知本會，所繳付之會費將不獲退還。

You can enjoy a Free Gift with the first time application of Credit Card Direct Debit Authorization. Gift is available while stock lasts.
凡於本年度首次授權以信用卡每年直接繳付續會費之會員，將獲贈禮品一份。(數量有限，送完即止!)

■ Your 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。

I understand that the information provided will become my record and may be used for all purposes related to membership application, record keeping and all activities related to LUAHK. I also understand the membership application will be considered and approved through LUAHK Executive Committee. Besides, I agree and accept that all photos and videos taken during my participation in LUAHK events would be used for publications.

I understand and accept that the paid membership fee is non-refundable and non-transferable. I hereby agree the above information provided is for receiving e-newsletter, promotion and charity news from LUAHK. For opt-out of receiving promotional materials, please email to info@luahk.org.

本人聲明申請表中所提供的一切資料均正確無誤，本人明白及同意「保協」將所提供的資料作為會員申請、會員記錄和「保協」活動推廣等用途。本人亦明白會員申請需經過保協執行委員會審核。同時，本人同意「保協」於課程及活動過程中所拍攝之相片、錄影及錄音等，可刊載於本會的宣傳品內。本人已明瞭並接受所繳交之款項恕不退還及不能轉讓。本人同意收取貴機構之會訊、推廣及公益活動的消息。如閣下不同意收取本會資訊，請電郵至info@luahk.org。

Address: Unit A-D, 23/F., Seabright Plaza, 9 - 23 Shell Street, North Point, Hong Kong

地址：香港北角規殼街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

Accepted & Signed 同意及簽署

Signature 簽名 _____ Date 日期 _____

For Association Use Only 只限本會填寫

Control No. _____ Date _____

Auth Code No. _____ Membership No. _____