

The Hong Kong Institute of Chartered Secretaries
Examination Postponement Application Form – June 2018 diet

Deadline: 29 June 2018 (Friday)

(Students are required to read the policy stated on page 2)

Personal Details

Please complete in **BLOCK CAPITALS**

Student No.: |_|_|_|_|_|_|_|_| Candidate No.: |_|_|_|_|_|/J18

Name: _____ (Mr/Ms/Mrs) Chinese Name: _____

Correspondence Address (in English): _____

Correspondence Address (in Chinese): _____ Postal code: _____

(For students residing in Mainland China)

Email: _____ Mobile: _____

Subject(s) to be postponed: Please put a "✓" in the appropriate box

- | | |
|--|---|
| <input type="checkbox"/> Strategic & Operations Management | <input type="checkbox"/> Corporate Governance |
| <input type="checkbox"/> Hong Kong Corporate Law | <input type="checkbox"/> Corporate Administration |
| <input type="checkbox"/> Hong Kong Financial Accounting | <input type="checkbox"/> Corporate Secretaryship |
| <input type="checkbox"/> Hong Kong Taxation | <input type="checkbox"/> Corporate Financial Management |

Medical certificate attached: Yes No

Statement on Collection of Personal Data

- (i) Your supply of personal data to HKICS is on a voluntary basis.
- (ii) The information provided by you to HKICS will be used for administration and management; membership admission, registration maintenance and administration; enforcement of members' compliance of the provisions of the Charter and Byelaws of ICSA and the Articles of Association of HKICS for the time being in force and related matters; communications; assessment of qualifications and experience; examinations; continuing professional development; surveys, analysis, research and development; promotion of the profession, ICSA and HKICS; and marketing and provision of services and benefits and organising activities to members, graduates and students.
- (iii) The information provided by you herein may be made available to the related companies or associates, group sister associations, agents, contractors, business associates or service providers of the HKICS or other professional bodies or government bodies or regulators, as may be necessary for any of the above purposes.
- (iv) Apart from the purposes stated above, your personal information will not be transferred to any other parties, unless such parties are authorised by law and request the information.
- (v) Under the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of your personal data. Such requests may be made in writing to our Data Protection Officer at 3/F, Hong Kong Diamond Exchange Building, 8 Duddell Street, Central, Hong Kong or by email to us at privacyofficer@hkics.org.hk.

Declaration:

1. I declare that the information contained in this application is true and correct.
2. I acknowledge that any false information may invalid this application, as well as any decision reached thereon by the HKICS Council, may lead to disciplinary action being taken against me.
3. I have read and fully understood the above and the policy on examination postponement listed on page 2 of this application form.

Signature: _____

Date: _____

Payment Method (please tick as appropriate) Amount: HK\$850 per subject

<input type="checkbox"/> EPS/ UnionPay (In person)
<input type="checkbox"/> Cheque (Payable to 'HKICS' and submit to HKICS office. Post-dated cheque will NOT be accepted; please mark your '[name]', '[Description]' and '[Student No.]' at the back of the cheque.)
Bank: _____ Cheque No.: _____
<input type="checkbox"/> Credit Card (I authorise HKICS to debit the payment from my credit card)
<input type="checkbox"/> Chartered Secretaries American Express Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Name of Cardholder (in BLOCK letters): _____
Credit Card No.: _____ Card Expiry date: _____ MM _____ YY
Cardholder's signature: _____ Date: _____
(Must be the same signature as on the credit card)

Please return the completed form to The Hong Kong Institute of Chartered Secretaries, 3/F, Hong Kong Diamond Exchange Building, 8 Duddell Street, Central, Hong Kong.

FOR OFFICE USE ONLY

Application received on: _____ Notification letter sent on: _____

Payment received: _____ Invoice No: _____ Account Ref. No: _____

Examination Postponement Policy

If a candidate withdraws an application to sit or fails to attend, no part of the fee will be returned. However, if a candidate is prevented by **illness** from attending the examination and submits a satisfactory medical certificate (certified true copy), Council may at its discretion, allow the candidates to enter the next examination sitting on payment of a non-refundable postponement fee prescribed by the Institute.

Application for postponement and medical certificate(s) must reach the Institute **within three calendar weeks** after the completion of the entire examination diet. Postponements may also be allowed under other circumstances, these are considered on an individual basis on application, however, postponements will **NOT** be granted due to any absence based on employment requirements.

Students should pay the examination postponement fee prescribed by the Institute for current financial year when they apply for examination postponement. This is a non-refundable fee. Such examination postponement should not be carried forwarded to more than one examination diet.