



**THE HONG KONG INSTITUTE OF CHARTERED SECRETARIES
TRANSCRIPT APPLICATION FORM (MEMBERS)**

PERSONAL PARTICULARS

Name: (Mr/Mrs/Ms) _____ Membership/Graduate No: _____

Telephone No: (office/home) _____ (mobile) _____

Correspondence Address: _____

NOTE: Members/Graduates can apply for a copy of transcript at a charge of **HK\$200 per copy**.

To: The Hong Kong Institute of Chartered Secretaries (HKICS)

I write to request for the certification of my examination status and understand that TWO WEEKS will be needed for processing the certificate after receipt of my application by the Secretariat.

No of transcript copies requested: _____

The transcripts be (please insert a "✓" as appropriate):-

- collected in person from the Secretariat office
- sent to the above correspondence address
- sent to other institutions directly, as below:

Attention to: _____

Address: _____

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.

Statement on Collection of Personal Data

- (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.

I have read, understood and agreed to the above.

Name of Applicant: _____ Signature of Applicant: _____

Membership/Graduate No: _____ Date of Application: _____

Payment Method (please tick as appropriate)	Amount: HK\$ _____
<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", "HKICS Membership no." and "Transcript Application" 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 <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)	

FOR OFFICE USE ONLY

Credit card authorisation code: _____ A/C Ref. no.: _____

Certificate(s) issued date: _____ Handled on _____ by _____

Data updated on: _____ by _____ Application approved/rejected on: _____ by _____

Notification email sent on: _____ Confirmation letter sent on: _____