

**THE HONG KONG INSTITUTE OF CHARTERED SECRETARIES  
REPLACEMENT FORM FOR (1) CERTIFICATE,  
(2) MEMBER/GRADUATE/STUDENT CARD, (3) INSTITUTE PIN**

**PERSONAL PARTICULARS**

Name: (Mr/Mrs/Ms): \_\_\_\_\_ HKICS No: \_\_\_\_\_

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

 I write to request for the replacement of the below item(s) to be collected **in person** at the Secretariat office and understand that **ONE MONTH** will be required for processing: (please tick as appropriate)

	Unit Cost (HK\$)
<input type="checkbox"/> <b>Membership/Graduate Certificate</b> ICSA: <input type="checkbox"/> Fellowship <input type="checkbox"/> Associateship <input type="checkbox"/> Graduateship HKICS: <input type="checkbox"/> Fellowship <input type="checkbox"/> Associateship	200 200
<input type="checkbox"/> <b>Member/Graduate/Student Card</b>	200
<input type="checkbox"/> <b>Institute Pin</b> <i>(Note: Replacement of Institute pin can only be made accordingly to applicant's current status only.)</i> Grade: <input type="checkbox"/> Fellow <input type="checkbox"/> Associate <input type="checkbox"/> Graduate <input type="checkbox"/> Student <input type="checkbox"/> Affiliate Person	100
<b>Total (HK\$)</b>	

Applicant must either return the previous item(s) or declare the loss of item(s) for replacement. (please tick as appropriate)

- I enclose my previous:            Certificate(s)            Card            Institute Pin  
 I declare the loss of :            Certificate(s)            Card            Institute Pin

The Secretariat will notify applicant when the replacement(s) is(are) ready for collection.

**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](mailto:privacyofficer@hkics.org.hk).

I have read, understood and agreed to the above.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**PAYMENT METHOD (please tick as appropriate)**

**Total Amount: HK\$**

EPS / UnionPay (In person)

Cheque (Payable to 'HKICS' and submit to HKICS office. Post-dated cheque will NOT be accepted; please mark 'your name', 'HKICS no.' and 'Replacement Fee' at the back of the cheque.)

Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Credit Card (I authorise HKICS to debit the payment from my credit card.)

Chartered Secretaries American Express     VISA     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.: \_\_\_\_\_

Invoice no.: \_\_\_\_\_ Handled on \_\_\_\_\_ by \_\_\_\_\_

Certificate(s) issue date: \_\_\_\_\_