

**THE HONG KONG INSTITUTE OF CHARTERED SECRETARIES  
APPLICATION FORM FOR MEMBERSHIP TRANSFER-IN**

**Note: Please complete all sections in BLOCK CAPITALS.**

Transfer from ICSA \_\_\_\_\_ Division \_\_\_\_\_

Membership no : \_\_\_\_\_

Graduate Date : \_\_\_\_\_

Associate Date : \_\_\_\_\_

Fellow Date : \_\_\_\_\_

*For the printing of  
membership card, please  
stick your recent photo  
here*

*(1.5" x 2")*

*Non-instant photo is  
preferred*

**PERSONAL PARTICULARS**

Salutation:       Mr       Miss       Ms       Mrs

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Name in Chinese (if applicable): \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_\_ Age: \_\_\_\_\_

**Email (compulsory field):** \_\_\_\_\_

HKID No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

**(for those without HKID card) Passport/ Travel Document no.:** \_\_\_\_\_

**Note: Please attach certified/authenticated copy of your personal identification documents.**

Home Tel. No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

**I would like Institute correspondence to be sent to my Home / Business \* address.**

\* Please delete as appropriate.

**EMPLOYMENT – CURRENT POSITION**

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Job Title: \_\_\_\_\_ Date of Commencement : \_\_\_\_\_  
(day/month/year)

Name of Company: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax no: \_\_\_\_\_

Office Address: \_\_\_\_\_

**EDUCATIONAL INFORMATION, post-secondary and above**

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**Note:**

Please attach certified/authenticated copy of your educational qualifications certificates.

Name of Institution	Qualification Obtained	Major study subject(s)	Awarding country	Date of Award (mm/yyyy)

**PROFESSIONAL QUALIFICATIONS/MEMBERSHIP**

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**Note:**

Please attach certified/authenticated copy of your professional qualifications certificates.

Name of Professional Body	Status/Level of membership (e.g. Graduate, Associate, Fellow)	Channel of obtaining the award ( e.g. examination, exemption, conversion)	Awarding country	Date of Award (mm/yyyy)

## Statement on Collection of Personal Data

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- (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).

## Declaration

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By my signature below,

I have read, understood and agreed to the above including the 'Statement on Collection of Personal Data'. I hereby declare that all the information and/or documents submitted by me are true, correct, up-to-date and complete to the best of my knowledge and belief, and I undertake to provide any further information and/or documents as required and in respect of any changes thereto. I further acknowledge that any violation of such is ground for disciplinary action and may lead to cancellation and invalidation of membership/graduateship status and/or services.

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

Membership Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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## FOR OFFICE USE ONLY

Transfer in date: \_\_\_\_\_ Handled on \_\_\_\_\_ by \_\_\_\_\_

Confirmation letter sent on: \_\_\_\_\_