



**THE HONG KONG INSTITUTE OF CHARTERED SECRETARIES
APPLICATION FORM FOR REDUCED RATE SUBSCRIPTION 2018/2019**

PERSONAL PARTICULARS

Name: (in English) _____ (in Chinese) _____

Membership/Graduate Number: _____ Date of Birth: _____ Age: _____

Telephone Number: (home) _____ (mobile) _____

Correspondence Address: _____

Email Address: _____

IMPORTANT NOTES:

1. Please return the completed application form to HKICS by **Thursday, 31 May 2018**.
2. Application of reduced rate subscription is subject to the approval of HKICS Membership Committee.
3. Reduced rate subscription is to be granted on an annual basis. If approval is granted, the reduced rate subscription is valid and applicable for year 2018/2019.
4. Please enclose any relevant supporting document with this application.

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

By my signature below,
(Please insert a " ✓ " as appropriate.)

1. I hereby declare that I am no longer making contributions to the Mandatory Provident Fund scheme since _____ (mm/yyyy).

2. I hereby apply for the reduced rate subscription for the following reason:

(Please put a "✓" in the appropriate box)

Unemployment ^{Note 1} since _____ (dd/mm/yyyy).

(Note 1: The minimum requirement is 6 months prior to application.)

Reason(s) for unemployment:

Family issues Looking for new jobs Study

Other reasons, please specify: _____

Health reason which leads to cessation of income ^{Note 2} since _____ (dd/mm/yyyy)

(Note 2: The minimum requirement is 3 months prior to application.)

Other reasons, please specify: _____

Please enclose supporting document(s) as appropriate:

Medical proof certifying that you have been not suitable for work; and/or

Employer's testimonial certifying that you have been taking no-paid leave; and/or

Other documents, please specify: _____

3. I understand that HKICS may request documentation to support my application.

4. I hereby undertake to immediately inform HKICS in writing of any change in circumstances which can affect my application and/or entitlement to the reduced rate, prior to, upon and after such approval, including but not limited to returning to work or similar, which generates income or remuneration.

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/Graduate Number: _____ Date of Application: _____

FOR OFFICE USE ONLY

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

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