(中文)

身份證號碼 I.D. No.

手提電話 Mobile



#### 《「暫準會員」推薦計劃》申請表

敬請填妥以下表格·並於 2015 年 12 月 31 日或之前傳真至(852) 2832 9822 或 郵寄至「香港北角英皇道 338 號華懋交易廣場二期 17 樓 1705-6 室」。

#### PART A:推薦人資料 Proposer information

姓名 Full Name

公司名稱

會員號碼 Member No.

Name of Company 公司電話 Office Tel.

請以英文正楷填寫 Please complete in English Capital Letter

(English)

**提名人數根據得獎者最高之獎項為準 The no. of nomination is based on the highest level of GAMA Awards				
PART B:暫準會員資料 Information of Nominated Member 請以英文正楷填寫 Please complete in English Capital Letter				
暫準會員(1) Nominated member (1) (*必須填寫 Must be com	oleted)			
*姓名 Full Name (Eng) (中文)				
*身份證號碼 I.D. no. 出生日期 Date of Birth				
*公司名稱				
Name of Company				
職位 Title *保險登記號碼 Registration No.				
公司地址				
Office address				
公司電話 Office Tel. *手提電話 Mobile				
*電郵地址 Email address				
備註 Remarks:				
本人·下述簽署人·特此聲明表格中所提供的資料均屬真實且正確無訛。本人明白並同意香港人壽保險經理協會(GAM/	AHK)將			
該等資料作其行政及通訊之用。如有任何虛構或誤導,申請將不獲受理或遭撤回。				
□ 如不欲從香港人壽保險經理協會收取資訊·請於 □ 內以" <" 顯示。				
I, the undersigned, hereby declare that all the particulars given in this form is true and correct to the best of my knowledge. I				
understand and agree the information I have provided in this form will be used for the purpose of administration and communication				
by General Agents and Managers Association of Hong Kong (GAMAHK). Any false or misleading information given will lead to disqualification of my application or dismissal action.	,			

Please put a" ✓" in the box if you would like to unsubscribe from future messages from GAMAHK.



### 《「暫準會員」推薦計劃》申請表

簽名						
Signature of Nominated				日期 Date	:	1
Member						
暫準會員(2) Nominated	member (2)			(*必須	頁填:	寫 Must be completed)
*姓名 Full Name	(Eng)			(中文)		
*身份證號碼 I.D. no.			出生日期 Date	of Birth		
*公司名稱						
Name of Company						
職位 Title		*保險登	登記號碼 Registr	ation No.		
公司地址						
Office address						
公司電話 Office Tel.			*手提電話 Mol	oile		
*電郵地址 Email address						
備註 Remarks:						
本人・下述簽署人・特此聲明	表格中所提供的資料均屬真	實且正確	催無訛・本人明白회	位同意香港人壽	∮保[	險經理協會(GAMAHK)將
該等資料作其行政及通訊之用	・如有任何虚構或誤導・申	■請將不發	雙受理或遭撤回。			
□ 如不欲從香港人壽保險經理協會收取資訊·請於 □ 內以" √" 顯示。						
I, the undersigned, hereby declare that all the particulars given in this form is true and correct to the best of my knowledge. I						
understand and agree the information I have provided in this form will be used for the purpose of administration and communication						
by General Agents and Managers Association of Hong Kong (GAMAHK). Any false or misleading information given will lead to						
disqualification of my applicatio				( ( ( ) ( ) ( ) ( )		
<u> </u>	box if you would like to uns	subscribe	trom tuture messag	ges from GAMA	AHK.	
簽名						
Signature of Nominated				日期 Date		1
Member						



# 《「暫準會員」推薦計劃》申請表

暫準曾員(3) Nominated	member (3)				(*必須	填寫 Must be comple	eted)
*姓名 Full Name	(Eng)			(中文	<u>.</u> )		
*身份證號碼 I.D. no.			出生日期 Date	of Bir	th		
*公司名稱					•		
Name of Company							
職位 Title		*保險登	登記號碼 Registr	ation	No.		
公司地址							
Office address					T		
公司電話 Office Tel.			*手提電話 Mo	bile			
*電郵地址 Email address							
I, the undersigned, hereby decla understand and agree the inforr by General Agents and Manage disqualification of my applicatio	。如有任何虚構或誤導,E E理協會收取資訊,請於 [ are that all the particulars gi mation I have provided in th rs Association of Hong Kon	申請將不 一內以" iven in thi his form w ng (GAMA	獲受理或遭撤回。 ✓"顯示。 s form is true and co vill be used for the p HK). Any false or mi	orrect to ourpose sleadin ges fron	o the best of admin g informa	t of my knowledge. I nistration and communic ation given will lead to	
暫準會員(4) Nominated	member (4)				(*必須	填寫 Must be comple	eted)
*姓名 Full Name	(Eng)			(中文	<u> </u>		
*身份證號碼 I.D. no.			出生日期 Date	of Bir	th		
*公司名稱							
Name of Company							
職位 Title		*保險登	登記號碼 Registr	ation	No.		
公司地址							
Office address			T		,		
公司電話 Office Tel.			*手提電話 Mo	bile			
*電郵地址 Email address							
<b>備註 Remarks:</b> 本人·下述簽署人·特此聲明	表格中所提供的資料均屬,	真實且正征	確無訛。本人明白這	並同意	香港人壽作	保險經理協會(GAMAH	IK)將



## 《「暫準會員」推薦計劃》申請表

該等資料作其行政及通訊之用。如有任何虛構或誤導,申	請將不獲受理或遭撤回。
□ 如不欲從香港人壽保險經理協會收取資訊·請於 □	] 內以" ✓" 顯示。
	en in this form is true and correct to the best of my knowledge. I
understand and agree the information I have provided in th	is form will be used for the purpose of administration and communication
by General Agents and Managers Association of Hong Kong	(GAMAHK). Any false or misleading information given will lead to
disqualification of my application or dismissal action.	
☐ Please put a" ✓" in the box if you would like to uns	ubscribe from future messages from GAMAHK.
簽名	
Signature of Nominated	日期 Date
Member	
PART C:條款及細則 Terms and conditions	
	至 2016 年 12 月 31 日止。The membership of Nominated
member is effective from 1st October, 2015	·
■ 「暫準會員」會籍屬不可轉讓。Nominated m	·
■ 被推薦之人士只可獲提名為「暫準會員」乙次	· 曾為「暫準會員」者之申請將不獲處理。Applicant can only
be nominated as a "nominated member"	once in a lifetime.
■ 請填妥表格中所須資料·並簽署確認。Please @	complete the form with signature.
■ 閣下提供電郵地址將會用作通訊之用。Your er	nail address will be used as communication purpose.
■ 如有任何爭議,香港人壽保險經理協會保留最終	冬決定權。In case of any disputes, GAMAHK reserves the
rights of final decision.	·
· ·	
PART D:備註	
本人(推薦人),下述簽署人,特此聲明表格中所提供	的資料均屬真實且正確無訛。本人明白並同意香港人壽保險經
理協會(GAMAHK)將該等資料作其行政及通訊之用。	
□ 如不欲從香港人壽保險經理協會收取資訊·請抗	
<del></del>	iculars given in this form is true and correct to the best of my knowledge. I
	form will be used for the purpose of administration and communication
	GAMAHK). Any false or misleading information given will lead to
disqualification of my application or dismissal action.	
☐ Please put a " ✓" in the box if you would like to unsub	scribe from future messages from GAMAHK.
推薦人簽署 Signature of Proposer:	日期 Date