

## 《「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

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

姓名 Full Name	(English)	(中文)
會員號碼 Member No.		身份證號碼 I.D. No.
公司名稱 Name of Company		
公司電話 Office Tel.		手提電話 Mobile

\*\*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 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(GAMAHK)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.

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簽名 Signature of Nominated Member		日期 Date	
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### 暫準會員(2) Nominated member (2)

(\*必須填寫 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		
<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。如有任何虛構或誤導，申請將不獲受理或遭撤回。 <input type="checkbox"/> 如不欲從香港人壽保險經理協會收取資訊，請於 <input type="checkbox"/> 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. <input type="checkbox"/> Please put a “✓” in the box if you would like to unsubscribe from future messages from GAMAHK.		
簽名 Signature of Nominated Member		日期 Date

## 《「暫準會員」推薦計劃》申請表

### 暫準會員(3) Nominated member (3)

(\*必須填寫 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			
<b>備註 Remarks :</b>			
<p>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(GAMAHK)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。</p> <p><input type="checkbox"/> 如不欲從香港人壽保險經理協會收取資訊，請於 <input type="checkbox"/> 內以“✓”顯示。</p> <p>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.</p> <p><input type="checkbox"/> Please put a “✓” in the box if you would like to unsubscribe from future messages from GAMAHK.</p>			
簽名 Signature of Nominated Member			日期 Date

### 暫準會員(4) Nominated member (4)

(\*必須填寫 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			
<b>備註 Remarks :</b>			
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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。

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

簽名 Signature of Nominated Member		日期 Date	
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### PART C : 條款及細則 Terms and conditions

- 「暫準會員」會籍有效期由 2015 年 10 月 1 日至 2016 年 12 月 31 日止。The membership of Nominated member is effective from 1<sup>st</sup> October, 2015 to 31<sup>st</sup> December, 2016.
- 「暫準會員」會籍屬不可轉讓。Nominated membership is non-transferable.
- 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 email 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。如有任何虛構或誤導，申請將不獲受理或遭撤回。

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I (Proposer), 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.

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推薦人簽署 Signature of Proposer : \_\_\_\_\_ 日期 Date \_\_\_\_\_