(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意	獎項為準 The no. of no	minatio	n is based on the	e highes	st leve	l of GAMA Awards
PART B:暫準會員資料 II 請以英文正楷填寫 Please com			Member			
暫準會員(1) Nominated	member (1)				(*必須	項寫 Must be completed)
*姓名 Full Name	(Eng)			(中文)		
*身份證號碼 I.D. no.			出生日期 Date	of Birt	:h	
*公司名稱			I			
Name of Company						
職位 Title		*保險登	登記號碼 Registr	ration N	No.	
公司地址						
Office address						
公司電話 Office Tel.			*手提電話 Mo	bile		
*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。						
-	_					and a landary
I, the undersigned, hereby decla understand and agree the inforr						
by General Agents and Manager	·		·	•		
disqualification of my applicatio	•	.9 (0,) (.c.cua.iig		and g.ven will lead to
☐ Please put a" ✓" in the box if you would like to unsubscribe from future messages from GAMAHK.						



簽名						
Signature of Nominated				日期 Date		
Member						
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 o			of Birth		
*公司名稱						
Name of Company						
職位 Title	*保險登記號碼 Registration No.					
公司地址		ľ		'		
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 applicatio						
☐ Please put a" ✓" in the	box if you would like to un	subscribe	from future messag	es from GAMA	łK.	
簽名						
Signature of Nominated				日期 Date		
Member						



暫準會員(3) Nominated	member (3)				(*必須墳	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 Bir	th	
*公司名稱			l		I	
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 Mo	bile		
*電郵地址 Email address						
備註 Remarks:						
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 理協會收取資訊,請於 [re that all the particulars gi nation I have provided in th rs Association of Hong Kon	申請將不 一內以" ven in thi nis form w g (GAMA	雙受理或遭撤回。 ✓"顯示。 s form is true and c vill be used for the p HK). Any false or m	orrect to ourpose isleadin	o the best o of adminis g informati	of my knowledge. I stration and communication ion given will lead to
簽名		34330.130		900 1.01		
Signature of Nominated				日其	∄ Date	
Member						
暫準會員(4) Nominated	<u></u>					真寫 Must be completed)
*姓名 Full Name	(Eng)		T	(中文)	
*身份證號碼 I.D. no.			出生日期 Date	of Bir	th	
*公司名稱						
Name of Company		T				
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 Mo	bile		
*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 decla	re that all the particulars gi	ven in this form is true a	nd coi	rect 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 Manager	=	g (GAMAHK). Any false	or mis	leading informat	ion given will lead to
disqualification of my applicatio					
☐ Please put a" ✓" in the	box if you would like to un	subscribe from future m	essag	es from GAMAH	K.
簽名					
Signature of Nominated				日期 Date	
Member					
暫準會員(5) Nominated	member (5)			(*必須均	真寫 Must be completed)
*姓名 Full Name	(Eng)			 (中文)	
	出生日期 Date of Birth				
*公司名稱		I			
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.					
簽名					
Signature of Nominated				日期 Date	
Memher					



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 1st October, 2015 to 31st 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

推薦人簽署 Signature of Proposer:	日期 Date
☐ Please put a " ✓" in the box if you would like to unsubscribe	rom future messages from GAMAHK.
disqualification of my application or dismissal action.	
by General Agents and Managers Association of Hong Kong (GAM	AHK). Any false or misleading information given will lead to
understand and agree the information I have provided in this form	will be used for the purpose of administration and communication
I (Proposer), the undersigned, hereby declare that all the particular	s given in this form is true and correct to the best of my knowledge. I
□ 如不欲從香港人壽保險經理協會收取資訊·請於 □	」內以 "✓"顯示。
理協會(GAMAHK)將該等資料作其行政及通訊之用。如為	i任何虛構或誤導·申請將不獲受理或遭撤回。
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