

# GAMAHK PDC會員申請

## GAMAHK PDC Membership 2023

**全新PDC會員，適用於對團隊管理及發展工作有興趣之人士，包括：信託管理、律師、企業人員、財務策劃師等。**

Any person who is interested in agency management including but not limited to trust officers, lawyers, home office personnel, publishing house officials and financial planners.

PDC會員  
PDC Member  
HK\$300 /年

GAMAHK 刊物  
GAMAHK Newsletter



GAMA Global 電子刊物  
GAMA Global e-Newsletter



以會員價參與協會活動  
Enroll GAMAHK events with member price



以會員價租用協會場地及設施  
Rent GAMAHK venue & equipment with member price



享有 GAMAHK 董事會選舉投票權  
Entitled to vote at GAMAHK's Election



### 備註及條款 Remarks and Terms

- ◆ 會籍有效期至每年度12月31日止。 GAMAHK membership is valid until 31<sup>st</sup> December every year.
- ◆ 請填妥表格中所有資料，並簽署確認。 Please complete the form with your signature.
- ◆ 會籍將於付款成功後才生效。 Membership will be effective only when payment has been settled successfully.
- ◆ 申請一經批核，所有款項恕不退還。 The membership fee is non-refundable once the payment has been settled.
- ◆ 收集個人資料聲明 – 此會員申請表中收集之個人資料用作會員申請、會員紀錄和活動推廣等用途。 Personal Data Disclaimer – The usage of personal data collected via this application form include but not limited to membership application, record keeping and event promotions.
- ◆ 如未能聯繫會員本人，將由聯絡人代為接收本會的通知 GAMAHK would contact the contact person if we could not contact the member
- ◆ 會員參與活動時即同意大會有關 (或授意相關人員) 於活動期間進行攝影、錄影、錄音及直播，以作公告、宣傳、刊登於網站、刊物及相關媒體之用。 Should you choose to attend GAMAHK's activities, you are deemed to have given your consent to GAMAHK and its affiliates and representatives to use all photos and videos taken during the events for publications.

# GAMAHK PDC 會員申請 2023

## GAMAHK PDC Membership Application 2023

申請人相片  
Applicant's photo

(相片將用作行政紀錄及榮譽獎項相片之用，如沒有更新通知，本會將沿用舊有相片。Photo will be used for the purpose of administration and award presentation. Existing photo will be used if no prior notification received.)

新會員亦可將解像度200dpi 或以上的彩色相片電郵至 mem@gama.com.hk  
You can also email color photos with resolution of 200dpi or above to mem@gama.com.hk

會員類別 **Type of Membership** : **PDC會員 PDC Member**

請於適當空格內加上“✓” Please put a “✓” in the appropriate box.

會籍有效期至每年度12月31日止。 GAMAHK membership is valid until 31<sup>st</sup> December every year.

請以藍色 / 黑色原子筆以英文正楷填寫 Please complete this form in **BLOCK** letters using blue or black pen.

### PART A : 個人資料 Personal Particulars

會員號碼 **Member Number** : **PDC002023**

☐ 先生 Mr. ☐ 太太 Mrs. ☐ 女士 Ms. ☐ 博士 Dr. ☐ 教授 Prof.

英文全名 **Name in English** : \_\_\_\_\_ 中文全名 **Name in Chinese** : \_\_\_\_\_  
(與證件上名字相同 Same as ID No. /Passport)

身份證號碼 **ID No.** : \_\_\_\_\_ ( ) 出生日期 **Date of Birth** : \_\_\_\_\_ DD/MM/YY 國籍 **Nationality** : \_\_\_\_\_

公司名稱 **Name of Company** : \_\_\_\_\_ 職位 **Position** : \_\_\_\_\_

公司地址 **Address of Company** : \_\_\_\_\_

公司電話 **Office Tel.** : \_\_\_\_\_ 代理人號碼 **Agent Code** : \_\_\_\_\_

手提電話 **Mobile** : \_\_\_\_\_ WhatsApp 號碼 : \_\_\_\_\_

保險牌照號碼 **License No.** : \_\_\_\_\_ 電郵地址 **Email Address** : \_\_\_\_\_

聯絡人姓名 **Contact Person** : \_\_\_\_\_ 聯絡人電話 **Contact No.** : \_\_\_\_\_

(如未能聯繫會員本人，將由聯絡人代為接收協會通知 The Contact person will receive all GAMAHK notice on behalf of the member unless the latter is reachable)

通訊地址 **Correspondence Address** : \_\_\_\_\_

(如與上述公司地址不同，請填寫此欄 Please fill in this column if the address is different from the company address)

### 教育程度 **Highest Education**

☐ 中學 **Secondary** ☐ 大學 / 大專 **University / Post Secondary** ☐ 碩士或以上 **Post Graduate or above** ☐ 其他 **Others**

行業資格 / 認證 **Professional Attainments** (特許會員申請人必須提供相關證明 Supporting documents are required upon application to be a Chartered Member)

☐ AMTC ☐ CIAM ☐ CFP ☐ ChFC ☐ FChFP ☐ IFPC ☐ RFC ☐ RFP ☐ 其他 **Others** : \_\_\_\_\_

### PART B : 建議人及附議人 **Proposer and Seconder** (只適用於新會員 **NEW Members only**)

建議人及附議人必須是本會國際會員 Proposer and Seconder must be a GAMAHK International Member

本人 (簽名人) 認識申請人並 (1) 相信他 / 她乃合乎道德、操守及專業水平，有資格成為會員及 (2) 宣告相信申請人資料均屬真實無訛。

I, undersigned, am acquainted with applicant and (1) believe him/her to be a person of good moral, ethical and professional standing and in every respect eligible to become a member of the association, and (2) declare that the particulars of the applicant are true and correct to the best of my knowledge.

建議人 **Proposer** | 姓名 **Name** : \_\_\_\_\_ (778999\*0000) 簽署 **Signature** : \_\_\_\_\_

附議人 **Seconder** | 姓名 **Name** : \_\_\_\_\_ (778999\*0000) 簽署 **Signature** : \_\_\_\_\_

### PART C : 付款資料 **Payment Information**

☐ 現金 **Cash** ☐ 支票 **Cheque** (支票抬頭 Payable to “GAMAHK Ltd.”) 銀行 **Bank** : \_\_\_\_\_ 支票號碼 **Cheque No.** : \_\_\_\_\_

☐ 信用卡 **Credit Card** ☐ 持卡人非會員本人 **Cardholder is Non-member** (恕不接受銀聯卡/美國運通卡/支付寶/微信支付)

☐ VISA ☐ MasterCard (Payment via UnionPay /American Express /Alipay /Wechat Pay are not accepted)

信用卡號碼 **Credit Card No.** : \_\_\_\_\_ 屆滿日期 **Expiry Date** : \_\_\_\_\_ MM/YY

持卡人姓名 **Cardholder Name** : \_\_\_\_\_ 金額 **Amount** : \_\_\_\_\_

持卡人簽署 **Signature of Cardholder** : \_\_\_\_\_ 日期 **Date** : \_\_\_\_\_

### 備註及條款 **Remarks and Terms**

- ◆ 請填妥表格中所有資料，並簽署確認。 Please complete the form with your signature.
- ◆ 會籍將於付款成功後才生效。 Membership will be effective only when payment has been settled successfully.
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### 聲明 **Declaration**

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。本人已細閱及同意有關備註及條款，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。如有任何虛假或誤導，申請將不獲受理或遭撤回，而所交之款項恕不退還及不能轉讓。

I, undersigned, hereby declare that all the particulars given in this form is true and correct to the best of my knowledge. I have read and agree the remarks and Terms and Condition, and 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 of action, and the membership fee once paid is non-refundable and non-transferable.

如不欲收到香港人壽保險經理協會經以下途徑發出的推廣資訊 (續會通知除外)，請於適當空格內加上“✓” (一經確認將於該會籍年度生效，如欲取消請主動通知協會)

If you **do not** want to receive GAMAHK's promotions (membership renewal notification excluded) via follow channels, please put a “✓” in the appropriate box.  
(Once confirmed, it will take effect in the membership year. If you want to cancel, please notify GAMAHK)

☐ WhatsApp ☐ 電郵 **Email** (以上提供的電郵地址 Email provided above) ☐ 電話 **Telephone**

日期 **Date** : \_\_\_\_\_ 申請人簽署 **Signature of Applicant** : \_\_\_\_\_

### 只限本會填寫 **For Office Use Only**

Authorized Code	Date	Control No.	Handled By	Receipt No.
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