

GAMAHK PDC會員申請

GAMAHK PDC Membership 2025

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	x
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	x

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 31st 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 2025

GAMAHK PDC Membership Application 2025

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

(相片將用作行政紀錄之用，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. Existing photo will be used if no prior notification received.)

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.

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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** : **PDC***

☐ 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 Card /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** : _____ 保險代理牌照號碼 **(IA License No.)** : _____

手提電話 **Mobile** : _____ WhatsApp 號碼 : _____ 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**

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 : 繳付方式 **Payment by** (如使用轉數快或銀行轉帳，請於付款後把截圖或入數證明連同申請表格一同電郵至 mem@gama.com.hk 遞交。)

☐ 支票 **Cheque** (支票抬頭 **Payable to "GAMAHK Ltd."**) 銀行 **Bank** : _____ 支票號碼 **Cheque No.** : _____

☐ 銀行轉帳 **Bank Transfer (HSBC)** 帳戶 : 511-824104-001 公司名稱: General Agents and Managers Association of Hong Kong Limited)

☐ 轉數快 **FPS (FPS ID: 110114287)** 公司名稱: General Agents and Managers Association of Hong Kong Limited)

☐ 信用卡 **Credit Card** (本人授權GAMAHK使用所提供的信用卡資料進行付款並明瞭及接受所繳交之款項恕不退還及不能轉讓。 I authorize GAMAHK the use of credit card information for payment, understand, and accept the payment made is non-refundable and non-transferable.)

☐ 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** : _____ 驗證號碼 **CVV Code** : _____ 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.
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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 conditions, 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.

☐ 本人 知悉及同意 GAMAHK將個人資料轉至用於GAMAHK APP帳戶，設立所屬帳號以提供協會最新活動資訊及相關提示訊息。 I acknowledge and agreed to the right of GAMAHK for transfer of personal data to GAMAHK APP, in order to set up member account, provide latest of activities and related notification.

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“✓”

If you **do not** want to receive GAMAHK's promotions (membership renewal notification excluded) via follow channels, please put a “✓” in the appropriate box.

☐ 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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