GAMAHK 會員申請 / 續會表格 2027
GAMAHK Membership Application / Renewal Form 2027

Form M1
V2610

會員可將解像度 300dpi 或以上的彩色相片電郵至 mem@gama.com.hk
You can also email color photo with resolution of 300dpi or above to mem@gama.com.hk

(相片將用作行政紀錄及榮譽獎項登相片之用，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 publication. Existing photo will be used if no prior notification received.)

新會員申請 / 續會 New member application / member renewal (國際及榮譽會員將自動擁有 GAMA Global 會員資格)

請以英文 **正楷** 填寫並請於適當空格內加上 "✓" Please complete this form in **BLOCK** letters and please put a "✓" in the appropriate box.

☐ 新會員申請 New member application

☐ 續會申請 Member Renewal application (會員號碼 Member Number： 778999*0000_____)

☐ 資料維持不變 Information remain unchanged ☐ 資料更新如下 Information updated as below

個人資料 Personal Particulars

請填寫與證件上相同的姓名及資料 Please fill in your name and details exactly as shown on your ID Card / Passport.

☐ 先生 Mr. ☐ 太太 Mrs. ☐ 女士 Ms. ☐ 博士 Dr. ☐ 其他 Other _____

英文姓氏 Surname: _____ 英文名字 Given Name: _____

中文姓名 Name in Chinese: _____ 身份證號碼 ID. No.: _____ ( )

出生日期 Date of Birth: _____ DD/MM/YY 國籍 Nationality: _____

手提電話 Mobile : _____ WhatsApp 號碼 : _____

電郵地址 Email Address : _____

聯絡人姓名 Contact Person : _____ 聯絡電話 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.

所屬公司 Company

公司名稱 Name of Company : _____ 職位 Position : _____

公司地址 Address of Company : _____

公司地址將用作通訊之用，請務必填寫此欄。 Please fill in this column, company address is required for correspondence.

代理人號碼 Agent Code: _____ 保險代理牌照號碼 IA/APS No: _____

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: _____

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或榮譽會員
Proposer and Seconder must be a GAMAHK International Member or Honorary 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 : _____

會員號碼 Member No.: 778999*0000 _____

簽署 Signature : _____

附議人 Seconder

姓名 Name : _____

會員號碼 Member No.: 778999*0000 _____

簽署 Signature : _____

Payment Method 繳付方式

☐ 轉數快 FPS ID: 110114287

公司名稱 Acc. Name: General Agents and Managers Association of Hong Kong Limited

☐ 銀行轉帳 Bank Transfer : (匯豐銀行 HSBC) 511-824104-001

帳戶名稱 Acc. Name: General Agents and Managers Association of Hong Kong Limited

☐ 支票 Cheque 支票號碼 Cheque No.: _____ 銀行 Bank : _____

支票抬頭：香港人壽保險經理協會有限公司 Payable to "GAMAHK Ltd."

☐ 信用卡 Credit Card ☐ VISA ☐ MasterCard

Payment via UnionPay /AE /Alipay /WeChat Pay are only accepted through online Renewal

信用卡號碼 Credit Card No.: _____

持卡人姓名 Cardholder Name : _____

屆滿日期 Expiry Date : _____ MM/YY 驗證號碼 CVV Code: _____

金額 Amount : HK$1,380 日期 Date : _____

持卡人簽署 Signature of Cardholder : _____

如使用**轉數快**或**銀行轉帳**，付款後請把**截圖**或**入數證明**連同此申請表一同遞交。轉帳時，請於**「致收款人訊息」**一欄務必填上參加者**英文全名**及**轉帳日期**，以便核對。

If payment is made via **FPS** or **bank transfer**, please submit the **payment screenshot** or **bank-in-slip** together with this application form after payment. When making the transfer, please ensure that the participant's **full English name** and the **transfer date** are clearly stated in the **"Message to Recipient"** field for verification purposes.

如以**支票**支付，請將支票連同申請表一同**郵寄**或請將支票存入銀行帳戶並將**入數證明**一同遞交。

If payment is made by **cheque**, please send the cheque together with the application form by **post**; or deposit the cheque into the bank account and submit the **payment slip** together with the application form.

如以**信用卡**支付，填妥信用卡資料即授權 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**。

If payment is made by **credit card**, once complete the information means authorize GAMAHK the use of credit card information for payment, understand, and accept the payment made is **non-refundable** and **non-transferable**.

備註及條款 Remarks and Terms and conditions

- 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，並於會籍年度12月31日止。 Membership will be effective only when payment has been settled successfully, and is valid until 31st December of the membership year.
- 申請一經批核，所有款項恕不退還及不能轉讓。 The membership fee is non-refundable and non-transferable 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、 GAMAHK APP 帳戶設立和活動推廣等用途。 Personal Data Disclaimer – The usage of personal data collected via this application form include but not limited to membership application, record keeping, set up member account at GAMAHK APP and event promotions.
- 會員參與活動時即同意大會有權 (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.

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，且沒有任何保險市場有關操守的投訴。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 and that there have been no complaints regarding my conduct in the insurance market. . 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.

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 (必要通知除外)，請於適當空格內加上 "✓" If you **do not** want to receive GAMAHK's promotions (except for necessary notifications) via follow channels, please put a "✓" in the appropriate box.

☐ WhatsApp ☐ 電郵 Email ☐ 電話 Telephone

申請人簽署 Signature of Applicant	日期 Date

只限協會填寫 For Office Use Only

Auth. Code	
Date	
Control No.	
Handled By	
Receipt No.	

九龍觀塘海濱道 133 號萬兆豐中心 11 樓 G 室 Unit G, 11th Floor, MG Tower, 133 Hoi Bun Road, Kwun Tong, Kowloon
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