

Membership Renewal Form 2020

會員續會表格 2020

Personal Particulars 個人資料

* Mandatory Fields 必須填寫

Name in English 英文全名 * : _____ Alias (if any) 別名(如有) * : _____

Name in Chinese 中文全名 * : _____ Membership No./ HKID no.
會員號碼 / 身分證號碼 * : _____

E-Mail 電郵地址 * : _____ Mobile 手提電話 * : _____

Company Name 公司名稱 * : _____

Correspondence Address 通訊地址

Agent Code 編號 : _____ Office Tel. No. 公司電話 : _____

Payment Method 付款方法

Payment by : VISA Card MASTER Card Cheque _____ (payable to " LUAHK ")

Credit Card Number 信用卡號碼 : _____ Expiry (mm/yy) 有效期 (月/年): _____/_____

Name of Cardholder 持卡人姓名 : _____ Total Amount 金額 : **HK\$590 ***

Cardholder Signature 持卡人簽署 : _____ Date 日期 : _____

- Credit Card Direct Debit Authorization** : I accept and agree to transfer membership fee of The Life Underwriters Association of Hong Kong Ltd. which will be debited from above Credit Card Account and understand the membership fee will be subjected to change in accordance with the provision of the LUAHK policy. I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer. Credit Card Direct Debit shall be made after 17 December each calendar year automatically. Termination of the Authorization service shall be made in written before 17 December of the calendar year. Cancellation shall ONLY be effective if confirmation is made by LUAHK. No refund of membership fee will be possible if payment is settled.

授權以信用卡直接付款：本人同意及授權自本人上述之信用卡戶口於每年12月17日後自動轉賬繳付香港人壽保險從業員協會有限公司之會費，並明白會費將會根據協會之條例而變更。本人證明在此表格上之簽名式樣與本人之信用卡戶口式樣一致。如欲取消直接付款繳付會費之會員，請於每年12月17日前以書面通知本會，並獲本會確認後才正式生效。會員如未能於12月17日前通知本會，所繳付之會費將不獲退還。

凡於2019年12月31日前首次授權以信用卡每年直接繳付續會會費之會員，將獲贈餅卡一張。（數量有限，送完即止！）
You can enjoy a bakery voucher by first time application of Credit Card Direct Debit Authorization before 31 Dec 2019.
Gift is available while stock lasts.

* **Membership fee is valid from 1st Jan to 31st Dec of the mentioned year. 會員費為所述年度的1月1日至12月31日。**

- I am interested in Professional Indemnity and herewith authorize LUAHK to pass my contact to Charter Management Company.
本人有興趣了解保險代理人「專業責任保險」，現授權「保協」將本人之聯絡資料交予卓佳管理公司。
- I am pleased to donate \$1,000 \$500 \$100 \$_____ to "LUA Foundation Ltd" for charity purpose. I, hereby, authorize LUA & LUAF to settle the amount by my credit card. (Receipt will be provided for donation over HK\$100 or above for tax exemption purpose).
我樂意捐助港幣 \$1,000 \$500 \$100 \$_____予「保協慈善基金」(支票抬頭:LUA Foundation Ltd) 作慈善用途，並同意於本人之信用卡扣除該款項。<捐款超過港幣\$100或以上可獲發收據申請免稅>

Please put a in the box to confirm your consent. 若同意，請於空格內加上☑號。

Declaration 聲明

I declare that all information given in the form above is accurate and complete. I understand that the information provided will become my record and may be used for all purposes relating to membership application, record keeping and all activities related to LUAHK. I also agree and accept that all photos and videos taken during my participation in LUAHK events would be used for publications. I understand and accept that the paid membership fee is non-refundable and non-transferable.

本人聲明申請表中所提供的一切資料均正確無誤。本人明白及同意「保協」將所提供的資料作為會籍申請、會員記錄和「保協」活動推廣等用途。本人同意「保協」於課程及活動過程中所拍攝之相片、錄影及錄音等，可刊載於本會網頁、宣傳單張及印刷品內。本人已明瞭並接受所繳交之款項恕不退還及不能轉讓。

Member Signature 會員簽署 : _____ Date 日期 : _____

For Office Use only 只限本會填寫

Auth. Code No.	Date	Trace No	Control No.

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