



## QP AFFILIATE CLUB MEMBERSHIP APPLICATION FORM

Membership No: \_\_\_\_\_

(For Office use only)

### Section 1 PERSONAL PARTICULARS (Please Complete in Block Letters)

**Personal Data (Privacy) Ordinance:** All information collected in this form will only be used for the purpose of the administration of the QP Affiliate Club membership application on which students are submitted. In addition, the Hong Kong Institute of Certified Public Accountants ("the Institute") may use the collected data for statistical research and analysis, for keeping students informed of its services and for other uses internally. The provision of personal data by means of this form is voluntary. It may be accessible to offices, committees or persons when processing the QP Affiliate Club membership application and related matters.

Name (English)			
Name (Chinese)			
Date of Birth (dd/mm/yyyy)			
HK Identity Card No./Passport No.		Sex	
Daytime Contact Tel. No.		Home Tel. No.	
E-Mail Address			
Correspondence Address			

\* Please note that most of the QP Affiliate Club correspondence will be sent via email.

### Section 2 TERTIARY EDUCATIONAL BACKGROUND / QUALIFICATIONS

Name of Institution	Full Time / Part Time	Attend		Programme (e.g. Accounting, Accounting and Finance, etc.)
		From	To	

**Direct marketing of the Institute's service:** The Institute intends to use the personal data of your name, email address and correspondence address to inform you of CPD activities, students' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations. The Institute may not do so unless it has received your consent. Please tick the box below to indicate your consent. For student you may opt out from receiving such materials at any time by sending an email to the Institute at [privacyofficer@hkicpa.org.hk](mailto:privacyofficer@hkicpa.org.hk) or a letter to the Institute's privacy officer.

I agree that the Institute may send me materials regarding CPD activities, students' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations to my email address and/or my correspondence address.

☐ Yes ☐ No

I declare that the information given in this form is true and correct to the best of my knowledge and belief.

Signature

Date

\* Please return the completed form to the Institute by the following methods:

by Post: Education and Training Department,  
Hong Kong Institute of Certified Public Accountants,  
27/F., Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong.  
by Fax: 2147 3293 or  
by Email: [etd@hkicpa.org.hk](mailto:etd@hkicpa.org.hk)