

# Hong Kong Institute of Certified Public Accountants

## Additional Dental Plan Benefit for Family Members

(Please make copy when necessary)

Fax this application to 2405-2551 or email to [hkhc@doctor.com](mailto:hkhc@doctor.com)  
 Family membership card will be ready for collection within 10 working days

Member's Name	
HKICPA Membership No.	
Member Contact No.	

Name of Family Member	Female / Male	HKID# ( ) _ _ _ X X X (X)	Relation to Member
		x x x (x)	
		x x x (x)	
		x x x (x)	
		x x x (x)	
		x x x (x)	
		x x x (x)	
		x x x (x)	

Put a cross ( "X" ) next to the centre for card collection	<input type="checkbox"/> Tsuen Wan <input type="checkbox"/> Tokuawan <input type="checkbox"/> Tai Wai <input type="checkbox"/> Wanchai Emperor Centre
--	--

Signed by HKICPA Member

  
  
  

Date: \_\_\_\_\_