

**HONG KONG SOCIETY OF ACCOUNTANTS**

To: Professional & Technical Department,  
 Hong Kong Society of Accountants,  
 4/F., Tower Two, Lippo Centre,  
 89 Queensway,  
 Hong Kong

**Fax: 2865 6603 / 2865 6776**

**FINANCIAL SERVICES INTEREST GROUP (FSIG)**

**REPLY SLIP**

**LUNCH SEMINAR ON 3 JULY 2003**

*“Financial Reinsurance”*

**Please type or print: -**

Name: (\*\*Mr. / Mrs. / Ms.) \_\_\_\_\_ HKSA Membership No.: \_\_\_\_\_

Company name: \_\_\_\_\_

Position held: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please note that your membership record will be updated accordingly)

Admission Fee: HKD70 per person x \_\_\_\_\_ person(s) = HKD \_\_\_\_\_

Payment by**: <input type="checkbox"/> Cheque No. _____ (Bank: _____) <input type="checkbox"/> HKSA Visa
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For payment by credit card, please fill in the following:	Card Number:																		
Cardholder’s Name:	Card Expiry Date (month/year):																		
Date:	Cardholder’s Signature:																		

\*\* Please tick/delete as appropriate

FOR OFFICIAL USE		
Auth. Code No.	Handled by	Date

*Notes:*

1. For card payments, only the *HKSA Visa Gold Card (Wing Lung Bank Limited)* is accepted.
2. For cheque payments, please send the reply slip together with a cheque made payable to "Hong Kong Society of Accountants".