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| **Corporate Membership**  Application Form  **FOR OFFICE USE**  Reference .: |  | **Membership Committee,**  **Hong Kong Credit and Collection Management Association**  **P.O. Box 2679,**  **General Post Office,**  **Hong Kong**  **E-mail:** [**enquiry@hkccma.com**](mailto:enquiry@hkccma.com)  **Website:** [**www.hkccma.com**](http://www.hkccma.com) |

Please type or print the Applicant’s Information:-

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| Corporate Name: |  | | | |  | | CR/BR No.: | | |  | | |
| Office Address: |  | | | | | | | | | |
| Tel: | |  | | | | | | | | | |
| E-mail: |  | | Tel: |  | | Fax: | | |  | | |
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| Each Corporate Member is allowed to nominate a maximum of **FOUR** employees to represent the corporate to attend the functions organized by the Association. | | | | | | | | | | | | | |

Representatives must be full-time employees of Applicant or Applicant’s subsidiaries:

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|  |  | Representative Name |  | E-mail |  | Tel. No. |  | Position |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |

**Please 🗸 as appropriate**

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| **Industry/Sector: □** Service **□** Trading **□** Manufacturer  **□** Banking/Finance  **□** Others  **Please provide a brief description of the business nature below:** | | | | |
| **The Annual Membership fee is HK$3,000.** | | | | |
| For Cheque payment, please send a cheque to: |  | | | |
| **Payee:** | The Hong Kong Credit and Collection Management Association Ltd. | | | |
| **Mailing Address:** | P.O. Box 2679, General Post Office, Hong Kong | | | |
| For payment by bank transfer, please make payment to: |  | | | |
| **Bank Name:** | The Hong Kong and Shanghai Banking Corporation Limited | | | |
| **Account No.:** | 042-428862-838 | | | |
| **Swift Code:** | HSBCHKHHHKH | | | |
| **FOR OFFICE USE** | Payment Reference | | Handled by | Date |
|  | |  |  |
| DECLARATION:  I hereby apply for membership in the Hong Kong Credit and Collection Management Association on behalf of the Applicant. I declare that the information I provided is accurate and the representative(s) nominated is/are person(s) with no criminal record. | | | | |
| Full Name: | | Signature: | | |
| Position: | | Date: | | |

*Notes:*

1. The Association is restricted to using the information provided in this form no other than recording membership information, communication and publishing members’ roster.
2. The Association reserves the right to accept and reject Representatives of applications.
3. Full payment must be made before applications are processed.
4. Membership fee is non-refundable unless the application is unsuccessful.

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| **Payment & Application Status Enquiry:**  E-mail: membership@hkccma.com |