

### **Application Form for**

For Office Use Only Application No. <u>A</u>

## **Change of Membership Status to Retired Member**

## **Instructions to Applicant**

- 1. Reached state pensionable age and have retired from all work (i.e. age 60 or older), or
- 2. Have not reached state pensionable age but have taken early retirement and have retired from all work accordingly.

I (Name in full) \_\_\_\_\_\_ would like to apply to The Hong Kong Institute of Clerks of Works for the change of my current HKICW membership to Retired Member.

#### A1. Full Name (Surname first in BLOCK LETTERS) A2. Chinese Name A3. I.D. / Passport No. (Photo) A4. Date of Birth A5. Nationality A6. Mobile No. A7. Other Contact No. A8. E-mail Address A9. Postal Address

### Part A. Personal Particulars of Applicant

## Part B. HKICW Membership Status

B1.	Membership No.	
B2.	Current Grade of Membership	
B3.	Membership Admitted Date	

The Secretariat: Room 1409, 14/F., King's Commercial Building, 2-4 Chatham Court, Tsimshatsui, Kowloon Tel : 2815 7030 Fax : 2575 1261 Web Site : www.hkicw.org Email : admin@hkicw.org



#### Part C. Details of last employments in chronological order (Please use separate sheet if necessary)

Discipline :						
Period (mm/yyyy)		Name and address of Employer	Position / Duties			
From	То	Name and address of Employer	Tostuon / Duttes			
Number of years employed as Clerks of Works:						
Date of Retirement:						

I hereby certify that the particulars given herein are true and correct and that I accept the decision made by the Board of Examination.

Signature of Applicant :

Date :

Note : Please enclose copies of your employment proofs and letter of retirement, your respective fee and two self -addressed return envelopes together with this application form for the processing of your membership application.

For Office Use Only :						
Approved by :			Date :			
Effective from _	(dd)	(mm)	(уууу)			

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## **Declaration**

## "Declaration by Applicant" statement shall be made and shall be signed by the applicants as follows:

To: The Hong Kong Institute of Clerks of Works

I hereby declare that I have not, in Hong Kong or elsewhere, been expelled, suspended or fined, or been refused membership by any professional body; and that I have not been refused, suspended or cancelled, a licence, certificate or other permission to deal with construction or construction related works.

I further declare that I have not been convicted of any offence, other than a traffic offence, in Hong Kong or elsewhere; and I have not been the subject of a charge or indictment alleging any offence nor enjoined by order, judgement or decree of any court or regulatory body or Government agency, in Hong Kong or elsewhere, from acting in any capacity or engaging in any activity; and I have not been the subject of any disciplinary action, by any regulatory body or Government agency, in Hong Kong or elsewhere

I hereby declare that, to the best of my knowledge and belief, the information and documents submitted hereto in support of this application are true and correct. I also undertake to notify The Hong Kong Institute of Clerks of Works immediately in writing of any changes hereafter, in the information given.

Signature: \_\_\_\_\_

Full name of Applicant: \_\_\_\_\_

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



## **Checklist**

# "Checklist for Application" statement shall be made and shall be signed by the applicants as follows:

Please tick

(i)	Personal Data			
(ii)	Employment Deta (Optional)	nt, etc.)		
(iii)	Declaration (signed by the Applicant)			
(iv)	Two cheques, <u>one</u> for Assessment Fee (only for first time application) and <u>one</u> for Subscription Fee should be made payable to "The Hong Kong Institute of Clerks of Works"			
	Please do not d	date the cheques. Thanks.		
			Cheque No.	
	Assessment Fee:	HK\$300.00 (Only for the first time application)		
	Subscription Fee:	HK\$500.00 (Retired Member)		
	Others:	HK\$		

I confirm that the above documents are submitted together with the Application Form.

Signature: \_\_\_\_\_

Full name of Applicant:

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

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