



THE ASSOCIATION OF  
**HONG KONG  
ACCOUNTANTS**

(a member of The Association of Hong Kong Accountants Limited, incorporated in Hong Kong as a company limited by guarantee)

Flat F, 11/F., Lucky Plaza, 315-321 Lockhart Road, Wanchai, Hong Kong

**For Office Use**

Seq. No. :

Handled by :

Membership No. :

Date of Admission :

**Telephone No. : (852) 3520 2546  
(852) 2127 4249**

**Fax No. : (852) 3547 8088**

**Email : admission@ahka.hk**

**Application Form - Associate**

Name : (*Mr./Mrs./Ms.)		姓名(中文) :	<b>Photo</b>
Telephone No. :		Mobile Phone No. :	
Fax No. :		Email Address :	
Residential Address :			
Company Name (if any):		Position Held :	
Business Address (if any):			
Name of the professional accountancy body (Note):		(Student Member No.: _____)	
Name of the university or college (Note) :		(Student No.: _____)	
Please tick (✓) your preferred mode of correspondence: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> By Post – Business Address <input type="checkbox"/> By Post – Residential Address			
Note : Applicant is qualified to be admitted by the Association as an Associate if he/she has attained the age of eighteen years old and is a registered student of :- (a) a professional accountancy body recognized by the International Federation of Accountants (www.ifac.org) ; or (b) any of the universities or colleges.			
If admitted, I agree to abide by the traditional code of professional ethics in all dealings with the Association and to be bound by the rules and regulations of the Association from time to time in force as long as I remain an Associate. I also confirm that the details given in my application are true in all respect.			
I enclose • a sum of HK\$ _____ * for my entrance fee and HK\$ _____ * first annual subscription, <b>Waived</b> • a recent photograph, and • a copy of my current student card of my professional accountancy body/university/college			
Signature		Date	
* : For application submitted before 31 December 2019, entrance fee and first annual subscription will be waived.			
_____ (Signature)		_____ (Signature)	
Name of Proposer : (Proposer needed to be a member of the Association)		Name of Seconder : (Seconder needed to be a member of the Association)	
Personal data collected from the application of AHKA Associate will be used for the purpose of processing and maintaining your AHKA Associate. Data collected may be accessible by the Association's officers, persons or committees processing the application of AHKA Associate and related matters. In addition, the Association may use the collected data for statistical research and analysis, for keeping members informed of its services and for other uses internally. The Association may use the personal data of your name, email address, fax number, phone number and correspondence address to inform you of training activities, members' benefits, goods, services, facilities and events organized or provided by the Association or other organizations. An Associate may opt out from receiving such materials at any time by sending a letter to the Association's privacy officer. <b>Please note that if you do opt-out, you will no longer receive information about the Association's news and events.</b>			