APPLICATION FORM

We ( ) apply for admission as member in the specified category:

☐ Fellow Member
   (Entrance Fee: HK$1,000; Annual Subscription Fee: HK$5,000)

☐ Ordinary Member
   (Entrance Fee: HK$600; Annual Subscription Fee: HK$2,500)

☐ Associate Member
   (No Entrance Fee; Annual Subscription Fee: HK$600)

☐ Patron / Honorary Member
   (No Entrance Fee & Annual Subscription Fee, Sponsor to the Association each year in monetary terms)

We have stated our particulars on the attached form for consideration by the General Committee.

Signature

Name (in block letters)

Company Chop

Date
To: Hong Kong Association for Testing, Inspection and Certification Limited

Particulars of Applicant

1. Name of Company
   (English) ____________________________________________
   (Chinese) __________________________________________

2. Location
   Head Office _________________________________________
   Address __________________________________________
   Tel ___________________________________________ Fax __________________________________________
   Email __________________________________________
   Branch Office (if any) ________________________________
   Address __________________________________________
   Tel ___________________________________________ Fax __________________________________________
   E-mail __________________________________________

3. Registered Representatives
   (i) Name (English) __________________________________________
       (Chinese) __________________________________________
       Official Title _______________________________________
       E-mail __________________________________________

   (ii) Name (English) _______________________________________
        (Chinese) __________________________________________
        Official Title _______________________________________
        E-mail __________________________________________

4. Business Registration No. _________________________________

5. Date of Establishment ____________________________________
6. Format of Incorporation
   □ Limited company
   □ Partnership
   □ Proprietorship
   □ Others: ___________________________ (please specify)

7. Scope of Services (Please circle the following sector)
   a) Inspection company
   b) Clinical / medical laboratory
   c) System certification body
   d) Product certification body
   e) Building material commercial testing laboratory
   f) Consumer product commercial testing laboratory
   g) Environmental commercial testing laboratory
   h) Calibration laboratory
   i) Institutional laboratory
   j) Academic testing / research facilities
   k) Others: ___________________________ (please specify)

8. Total no. of staff employed: ________________

For Official Use Only
This application has been considered at _________________ meeting of the _________________ General Committee held on ________________.

Resolution :
   □ Approved
   □ Rejected

Remarks : __________________________________________________________
          __________________________________________________________