



Hong Kong Institution of Certified Auditors
香港專業審核師學會

Application Form for Registered Food Safety Management System Auditor

Website: www.hkica.org

HKICA Secretariat
PO Box 28083
Gloucester Road Post Office

Title _____	Male/Female _____	Date of Birth (dd/mm/yy) _____ / _____ / _____	
Surname _____	First/middle names _____	Chinese Name _____	
Employer/Company _____			
Position in company _____			
Correspondence address _____			
Tel. _____	Fax. _____	Email _____	
Education (Please attach evidence, if necessary)			
Discipline _____	College/University _____	Graduation date mm/yy _____	Degree/Diploma _____
Professional body membership (Please attach evidence, if necessary)			
Experience (You may use separate page for additional information or HKICA Log Book for auditor registration)			
I wish to join the Hong Kong Institution of Certified Auditors as a (please tick one or more boxes)			
Registered Lead Auditor			
<input type="checkbox"/> Food Safety MS ISO 22000			
Registered Auditor			
<input type="checkbox"/> Food Safety MS ISO 22000			
Registration Fees:	Registered Lead Auditor: \$300	Registered Auditor: \$200	
Payment method:			
Amount in HK \$ _____			
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
* Cheque to be made payable to "Hong Kong Institution of Certified Auditors Limited"			
Signature of applicant: _____		Date: _____	