

# Hong Kong Institution of Certified Auditors

**香港專業審核師學會**

**Application Form for Registered Internal Auditor**

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| **Title** |  | | | | Male/Female | | | |  | | | | **Date of Birth (dd/mm/yy)** | | | | **/ /** | |
| **Surname** |  | | | | **First/middle names** | | | |  | | | | **Chinese Name** | | | |  | |
| **Employer/Company** | | | | |  | | | |  | | | | | | | | | |
| **Position in company** | | | | |  | | | |  | | | | | | | | | |
| **Correspondence address** | | | | | | | | | | | | | | | | | | |
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| **Tel.** | | |  | | | | **Fax.** | | |  | | | | **Email** | | | |  |
| **Education (Please attach evidence, if necessary)** | | | | | | | | | | | | | | | | | | |
| **Discipline** | |  | | | | **College/ University** | |  | | | | **Graduation date mm/yy** | | |  | | **Degree/**  **Diploma** | |
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| **Professional body membership (Please attach evidence, if necessary)** | | | | | | | | | | | | | | | | | | |
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| **Experience (You may use separate page for additional information)** | | | | | | | | | | | | | | | | | | |
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| **I wish to join the Hong Kong Institution of Certified Auditors as a (please tick one or more boxes)** | | | | | | | | | | | | | | | | | | |
| **Registered Internal Auditor (5 disciplines)** | | | | | | | | | | | | | | | | | | |
| **QMS ISO 9001** | | | | | **EMS ISO 14001** | | | | | | **Laboratory MS ISO 17025** | | | | |  | | |
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| **OSHAS 18001** | | | | | **Food Safety MS ISO 22000** | | | | | |  | | | | |  | | |
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| **Registration Fees: Registered Internal Auditor: $200 per discipline** | | | | | | | | | | | | | | | | | | |
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| **Payment method:** | | | | | | | | | | | | | | | | | | |
| **Amount in HK $** | | | |  | | | | | | | | | | | | | | |
| Cheque Cash | | | | | | | | | | | | | | | | | | |
| **\*** Cheque to be made payable to **“Hong Kong Institution of Certified Auditors Limited”** | | | | | | | | | | | | | | | | | | |
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| **Signature of applicant: Date:** | | | | | | | | | | | | | | | | | | |

Form RIA Auditor 161015