



HKICA

Hong Kong Institution of Certified Auditors

香港專業審核師學會

Application Form for Registered Product Certification Auditor

Website: www.hkica.org

HKICA Secretariat

Rm 108, 1/F, Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

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 Auditor (10 disciplines)			
<input type="checkbox"/> Aluminium Windows Products	<input type="checkbox"/> Cementitious Products	<input type="checkbox"/> Frictional Hinges	
<input type="checkbox"/> Passive fire protection Products	<input type="checkbox"/> Mesh reinforcements	<input type="checkbox"/> Paint Products	
<input type="checkbox"/> Plumbing and drainage Products	<input type="checkbox"/> Tiles Products	<input type="checkbox"/> Tile Adhesives	
<input type="checkbox"/> Sanitary ware products			
Registration Fees:	Registered Auditor: \$200 per discipline		
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: _____		