



**HKICA**

**Hong Kong Institution of Certified Auditors**

**香港專業審核師學會**

**Application Form for Registered Welding Inspector**

Website: www.hkica.org

HKICA Secretariat

Rm 108, 1/F, Sun Ling Plaza, 30 On Kui Road, Fanling, New Territories, Hong Kong

<b>Title</b> _____	<b>Male/Female</b> _____	<b>Date of Birth (dd/mm/yy)</b> ____ / ____ / ____	
<b>Surname</b> _____	<b>First/middle names</b> _____	<b>Chinese Name</b> _____	
<b>Employer/Company</b> _____			
<b>Position in company</b> _____			
<b>Correspondence address</b>			
<b>Tel.</b> _____	<b>Fax.</b> _____	<b>Email</b> _____	
<b>Education (Please attach evidence, if necessary)</b>			
<b>Discipline</b>	<b>College/ University</b>	<b>Graduation date mm/yy</b>	<b>Degree/ Diploma</b>
<b>Professional body membership (Please attach evidence, if necessary)</b>			
<b>Experience (You may use separate page for additional information)</b>			
<b>I wish to join the Hong Kong Institution of Certified Auditors as a (please tick one or more boxes)</b>			
<input type="checkbox"/> <b>Registered Senior Welding Inspector</b>			
<input type="checkbox"/> <b>Registered Welding Inspector</b>			
<b>Registration Fees:</b> <b>Registered Senior Welding Inspector: \$500</b> <b>Registered Welding Inspector: \$400</b>			
<b>Payment method:</b>			
<b>Amount in HK \$</b> _____			
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
* Cheque to be made payable to "Hong Kong Institution of Certified Auditors Limited"			
<b>Signature of applicant:</b> _____		<b>Date:</b> _____	