

Application Form for Certified Management System Manager

Website: www.hkica.org

HKICA Secretariat

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

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 evi	idence, if necessary)			
Discipline	College/	Graduation	Degree/	
	University	date mm/yy	Diploma	
	· / PL			
Professional body membership (Please attach evidence, if necessary)				
Experience (Veu may use se	parate page for additional information	1		
Experience (100 may use se)		
I wish to join the Hong Kong Institution of Certified Auditors as a (please tick one or more boxes)				
Certified Management Syste				
		OH&S ISO 45001		
Laboratory MS ISO 17025	Med Laboratory MS ISO 15189	Food Safety MS ISO 22000		
Certification Fees: C	ertified Manager: \$500 per discipline			
Payment method :				
Amount in HK \$				
	ash			
* Cheque to be made payable to "Hong Kong Institution of Certified Auditors Limited"				
Signature of applicant:	Date:			

Form CMS Manager 20190401