

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

## **Application Form for Registered Management System Auditor**

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/mr	n/yy) / /
Surname	First/middle names	Chinese Name	·
Employer/Company	<del></del>		
Position in company			
Correspondence address			
Tel.	Fax.	Email	
Education (Please attach evi			
Discipline	College/ University	Graduation date mm/yy	Degree/ Diploma
	Onversity	dale IIIII/ y y	ырюта
Professional body membersh	ip (Please attach evidence, if necess	sary)	
Experience (You may use se	parate page for additional informatio	n or HKICA Log Book for auditor re	gistration)
		-	,
I wish to ioin the Hong Kong I	nstitution of Certified Auditors as a (p	lease tick one or more boxes)	
Registered Lead Auditor		•	
☐ QMS ISO 9001	☐ MDMS ISO 13485	☐ EMS ISO 14001	☐ OH&S ISO 45001
☐ Laboratory MS ISO 17025	☐ Med Laboratory MS ISO 15189	☐ Food Safety MS ISO 22000	
Registered Auditor	,	,	
☐ QMS ISO 9001	☐ MDMS ISO 13485	☐ EMS ISO 14001	☐ OH&S ISO 45001
☐ Laboratory MS ISO 17025	☐ Med Laboratory MS ISO 15189	Food Safety MS ISO 22000	
Registration Fees: Re	gistered Lead Auditor: \$500 per disci	pline Registered Auditor:	\$400 per discipline
Payment method:			
Amount in HK \$			
☐Cheque ☐Ca	sh		
	ole to "Hong Kong Institution of Certifi	ed Auditors Limited"	
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Signature of applicant:	Date		