



16/F., Worldwide House, 19 Des Voeux Road Central, Hong Kong  
Tel: +852 3606 9066 Fax: +852 2869 1609 Email: [hktbc@afh.hk](mailto:hktbc@afh.hk) Website: <http://www.hk-thai.com>

個人會員入會申請表 Individual Member - Application Form		
申請人姓名: <input type="checkbox"/> 先生 <input type="checkbox"/> 小姐 Name of Applicant: <input type="checkbox"/> Mr <input type="checkbox"/> Ms		照片 PHOTO
公司名稱 (中文): Name of Company (English):		
職務 Position:		
地址 (中文): Address (English):		
電話 Tel:	傳真 Fax:	電子郵箱 Email:
從事行業 Industry Type:	<input type="checkbox"/> 會計/企業財務 Accounting/Corporate Finance <input type="checkbox"/> 建築/工程 Construction/Engineering <input type="checkbox"/> 客戶服務 Customer Service <input type="checkbox"/> 人力資源 Human Resources <input type="checkbox"/> 保險 Insurance <input type="checkbox"/> 製造/貿易 Manufacturing/Trading <input type="checkbox"/> 醫療/保健 Medical/Health <input type="checkbox"/> 電訊 Telecommunication <input type="checkbox"/> 旅遊/酒店 Travel/Hotel	<input type="checkbox"/> 銀行/金融服務 Banking/Financial Services <input type="checkbox"/> 創作服務/娛樂 Creative Service/Entertainment <input type="checkbox"/> 教育 Education <input type="checkbox"/> 資訊科技 Information Technology <input type="checkbox"/> 法律 Legal <input type="checkbox"/> 市務/傳訊 Marketing/Communications <input type="checkbox"/> 物業/地產代理 Property/Real Estate Agents <input type="checkbox"/> 運輸 Transportation <input type="checkbox"/> 其他 Others
聯絡人姓名及電話 (可留空): Name & Phone No. of Contact Person (Optional):		
申請人姓名 Signature of the Applicant		日期 Date
您是否願意與我會的網頁相聯? Would you like to be linked to our Website? 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
您是否願意將上述資料放入我會的網上公司目錄? Would you like the above information to be listed on our Online Directory? 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
閣下從哪種途徑認識本會? How did you know about our Council? 互聯網 Website <input type="checkbox"/> 朋友 Friends <input type="checkbox"/> 廣告 Advertisement <input type="checkbox"/> 其他 Others <input type="checkbox"/>		

1. 請附彩色照片兩張
2. 個人入會時，一次性繳納會費 HK\$2,000，支票抬頭為“香港泰國商會有限公司”，請郵寄至香港中環德輔道中19號環球大廈16樓。

1. Please enclose two colour photos.
2. One-off entrance fee of HK\$2,000 for individual members. Please make cheque payable to “Hong Kong-Thailand Business Council Limited” and send it to 16/F., Worldwide House, 19 Des Voeux Road, Central, Hong Kong.



## **Personal Information Collection Statement**

### **Purpose of Collection**

Personal Data is collected from you on a voluntary basis. Personal Data may include names, addresses, e-mail addresses.

The purpose of collecting the personal data by means of this form is for facilitating the distribution of information and/or materials by this Council to the members and the communication between the members inter se.

### **Use and Transfer of Personal Data**

Where necessary, the personal data and other related information provided by you in this form may be transferred to the relevant parties who have the rights, under the relevant ordinances and/or subsidiary legislation, to obtain the same.

### **Security**

All Personal Data you provide to us is secured on our website. Access is limited to authorised personnel within the Council only.

### **Access to Personal Data**

You have the right to request access to and correction of personal data and other related information provided by you in this form. Such requests should be made by online updating or email to [hktbc@afh.hk](mailto:hktbc@afh.hk) or in writing to our personal data officer at 16/F., Worldwide House, 19 Des Voeux Road Central, Hong Kong.

## REPLY SLIP FOR THE MEMBERSHIP DIRECTORY

To: Hong Kong-Thailand Business Council (“Council”)

The undersigned and the contact person named below consent to the release of the following information in any list/ directory published by the Council.

The undersigned and the contact person named below understand that all information provided by or coming into your possession regarding it/him will be kept by the Council for its activities in furtherance of its objects. The undersigned and the contact person named below undertake not to use any information regarding other members (which may come into its/his possession through the Council) except for the genuine purpose of fellowship with the other members of the Council or for the furtherance of the objects of the Council.

### Consent

I/we consent to the release of my/our following information in any list/ directory published by the Council. I/we consent to the release of my/our contact email/ telephone number/ mailing address to any member of the Council seeking to get in touch with me/us via the Council. *(Please “✓” wherever appropriate)*

No.

Yes. Please do so with data as stated below:      Signature: \_\_\_\_\_

\*Company Name : \_\_\_\_\_

Contact person : \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Address : \_\_\_\_\_

\*Telephone No : \_\_\_\_\_ Fax No: \_\_\_\_\_

Website : \_\_\_\_\_  link to HKTBC Website

- Industry:
- |   |   |
|---|---|
| <input type="checkbox"/> Accounting / Corporate Finance | <input type="checkbox"/> Banking / Financial Services             |
| <input type="checkbox"/> Construction / Engineering     | <input type="checkbox"/> Creative Service / Entertainment         |
| <input type="checkbox"/> Customer service               | <input type="checkbox"/> Education                                |
| <input type="checkbox"/> Human Resources                | <input type="checkbox"/> Information Technology                   |
| <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Legal                                    |
| <input type="checkbox"/> Manufacturing / Trading        | <input type="checkbox"/> Marketing / Communications               |
| <input type="checkbox"/> Medical / Health               | <input type="checkbox"/> Property Management / Real Estate Agents |
| <input type="checkbox"/> Telecommunication              | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Travel / Hotel                 | <input type="checkbox"/> Others, please specify: _____            |

Please “✓” wherever appropriate and you may tick more than one box.

*Note: Appreciate if you could provide as much information as possible especially those items marked by \*.*