

香港孕嬰童業協會有限公司

Hong Kong Children, Babies, Maternity Industries Association Limited

Overseas Corporate Membership Application Form

Our Company Name (Or Chinese Name):

Our Company Name (Chinese Name):

We are willing to join as **the company member** in accordance with the articles of association.

This company is recommended by the introducer (if applicable) _____ to join your association.

Membership Types and Requirements :

■ Company member

Those who pay the relevant membership fees at one time are trade name/the company, who hold the domestic business license or copy of business certificate approved by the overseas government are engaged in pregnant women's and children's products or service industry and trade in Hong Kong or provide special services.

Remarks: Greater China/Overseas Company members shall not have voting right.

Membership Fee :

Company member: HKD Two Thousand Only (three individual members can be recommended)

Company Information :**Must fill in Chinese and English**

Name of the company: (Eng) _____ (Chinese) _____

Name of the company: (Eng) _____ (Chinese) _____

Hong Kong company address :

(Eng) _____

(Chinese) _____

Hong Kong mailing address (if different with the above address)

(Eng) _____

(Chinese) _____

Tel : _____ Fax : _____ E-mail : _____

Name of the representative : (Eng) _____ (Chinese) _____

Representative post : _____ (Eng) _____

Company Tel. : _____ Fax : _____

Mobile (Whatsapp) : _____ (Wetchat) : _____

E-mail : _____ Company websites : _____

Business registration certificate No. : _____

1. Name of recommended person :

(Eng) _____ (Chinese) _____ Position : _____

2. Name of recommended person :

(Eng) _____ (Chinese) _____ Position : _____

3. Name of recommended person :

(Eng) _____ (Chinese) _____ Position : _____

Nature of business : Manufacturer Wholesaler Professional Service Exporter & importer Retailer Agent or Distributor Others (please specify) _____

Main market (please specify) : _____

Please mark with Tick(V) on 「 」 below to confirm whether your company is willing to receive the promotion communication released by this association.

Would your company like to receive the promotion communication released by this association?

 Yes No

Our company is willing to accept the promotion communications released by the following means:

Mobile (Whatsapp): _____ (Wetchat): _____

E-mail : _____ Fax : _____

Address: Room 1508, No. 118, West of Connaught Road, Hong Kong

Tel.: (852) 35470621 / 5110 3140 (Whatsapp) Fax: (852) 2914 4298

Wechat/QQ: 281967931 E-mail: hkcbmia@gmail.com Website: www.hkcbmia.com Facebook Page: HKCBMIA

For Application and Approval :

Please fill in the membership application form sent to or submitted to this association office (address: Room 1508, No. 118, West of Connaught Road, Hong Kong) along with domestic business license or copy of business certificate approved by the overseas government, company name card, company profile or relevant product leaflet and cheque of appropriate fee (title: Hong Kong Children, Babies, Maternity Industries Association Limited) in order to approval as soon as possible (the fax and email application will not be accepted), but all membership application form must be approved by the board of directors of the association, the membership fee will be returned to the applicant if the membership is not accepted, this association will retain the final decision-making power.

Declaration :

I hereby declare that to the best of my/ the company's knowledge, all data filled in the application form are accurate, and I hereby agree Hong Kong Children, Babies, Maternity Industries Association Limited to consult and review all data provided by me/the company in this application form. I/the company understand(s) that there will be the opportunity to affect the membership application of me/the company if any incorrect or misleading data. I/the company understand(s) that the signature in the follow columns indicates that I/the company accept(s) the articles of association of Hong Kong Children, Babies, Maternity Industries Association Limited.

Signature and seal : _____

Name of signatory : _____ Date : _____ (MM/DD/YY)

For office use only

Membership No : _____

Examination result of the board of directors of the association Approve to become this association member, and official effective date: _____ (MM/DD/YY) OR Veto

Signature and seal of president : _____

Name of president : _____ Date : _____ (MM/DD/YY)