



APPLICATION FORM FOR MEMBERSHIP

(All sections contained in this form must be completed)

I. PARTICULARS OF COMPANY

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| 1. Name in English | |
| 2. Name in Chinese | |
| 3. Registered Address | |
| 4. Correspondence Address (if any) | |
| 5. Telephone Number | |
| 6. Fax Number | |
| 7. Email Address | |
| 8. Website | |
| 9. Certificate of Incorporation Number Date of Incorporation (dd/mm/yyyy) | |
| 10. Business Registration Number Nature of Business (as shown in B.R.) | |
| 11. Financial Year End Date (dd/mm) | |
| 12. Name of Auditor Correspondence Address of Auditor | |
| 13. Net Assets Value Paid up Share Capital Valuation Date (dd/mm/yyyy) | |
| 14. Separate Client Account Number Name of Bank | |
| 15. Professional Indemnity Insurance (a) Name of Insurer | |
| (b) Aggregate/Projected Insurance Brokerage Income for 12 Months | |
| (c) Limit of Indemnity | |