

Application Form 申請表

Designation **Accredited Security Professional (ASP) [認可專業安保大師]**

PERSONAL PARTICULARS 個人資料

English Surname: 英文姓氏		Given name: 英文名字		For Office Use Only
Chinese Name 中文姓名: _____				
Date of Birth (DD/MM/YY): 出生日期(日/月/年)	/ /	Sex 性別:	Male 男/Female 女	
Contact Tel. No. 電話:		Mobile No. 流動電話:		
Email 電郵: address 通訊地址:				
				Member No.: _____
				Membership: _____
				Form received date: _____
				Payment received date: _____
				<input type="checkbox"/> Cash / <input type="checkbox"/> Cheque _____
				Handled by: _____

FEE 費用

	HK \$	
Accredited Security Professional (ASP) [認可專業安保大師] (Original HK\$3,800, for ICRM members HK\$2,000)	2,000	Membership : <u>Associate Member of APC</u> Fees received: HK\$ _____
APC Membership Annual Fee 會費	500	
Certification fee 證書費用	FREE	
Total 總費用	2,500	

Declaration 聲明

After completing this Application Form, please send the form together with a cheque being application fee and made payable to "Academy of Professional Certification Ltd". Please send the photocopies of your supporting documents to below address.
填寫此申請表格後，請將表格連同申請費支票抬頭郵寄至“專業認證學院有限公司”。

No original document is needed at this stage. 不附原文檔

Our Academy is a self-regulated and recognized academy, and your certificate is certification of your achievement of knowledge in the training program from which you have graduated. However it is up to the individual organization or employer to determine acceptance of certification from the Academy. 我們的學院是一個自我認可的學院，畢業的培訓證書，是由個別組織或雇主確定學院的認受性。

Academy of Professional Certification Ltd
Head Office: 8/F., Ford Glory Plaza, 37-39 Wing Hong Street
Cheung Sha Wan, Kowloon, H.K.

Telephone: (852) 2314 1010
Facsimile : (852) 2314 3900
E-mail : apc@apc.org.hk
Website: www.apc.org.hk

Declaration 聲明

- I declared that all information given in this Application Form and the attached documents are to the best of my knowledge and belief. It is true, accurate and complete. 本人謹此聲明在本申請表填報的資料均屬正確及完整。
- I have read and understood the Notes to Applicants and Enrolment Information and agreed to abide by Academy of Professional Certification Ltd regulations. 本人已詳閱及明白附上的申請人須知事項及報讀資料，並同意遵守專業認證學院的規例。

Signature 簽署: _____

Date 日期: _____