



Please complete the registration form and return it with the appropriate payment to the HKIAC via the following channels:-  
by Post: 38/F, Two Exchange Square, Central, Hong Kong OR by Fax: (852) 2524 2171  
For further enquiries please contact the HKIAC by Tel: (852) 2525 2381 or Email: <adr@hkiac.org>.

*\*\* This form is valid for one application only. Please make extra copies for additional applications. \*\**

### MEMBERSHIP CLASS

- Individual     Institutional     I would also like to join the Hong Kong Mediation Council at no extra cost

### FIELDS OF INTEREST

- Arbitration     Mediation     Adjudication     Online Dispute Resolution     Domain Name Dispute Resolution

### FOR INDIVIDUAL MEMBERS

Title:  Mr.     Mrs.     Ms.     Dr.     Prof.     Other, please specify: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_ Profession: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Qualifications: *(If there is insufficient space, please attach a current resume separately)*

Experience in Arbitration/Mediation/ADR: *(If there is insufficient space, please provide details on a separate A4 sheet.)*

Areas of Specialisation (if different from your last application): *(If there is insufficient space, please provide details on a separate A4 sheet.)*

### FOR INSTITUTIONAL MEMBERS

Name of Institution / Company / Firm: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Areas of Specialisation: *(If there is insufficient space, please provide details on a separate A4 sheet.)*

- Please attach a copy of Institution/Company/Firm Profile with this form.

### PAYMENT METHODS *(Please make payment in advance)*

- I enclose a cheque made payable to "Hong Kong International Arbitration Centre"
- Bank Transfer *(Please attach a copy of the remittance advice with this form to avoid any possible confusion)*  
Bank Name: Hong Kong and Shanghai Banking Corporation Limited (HSBC)  
Address: 1 Queen's Road Central, Hong Kong    Account Name: Hong Kong International Arbitration Centre  
Account Number: 004-567-190897-001    Swift Code: HSBC HK HHH KH
- Credit Card via PayPal (Please visit <http://goo.gl/ErFCyz> for online payment)

### PERSONAL DATA (PRIVACY) ORDINANCE NOTICE

Persons who supply data in their application to the Hong Kong International Arbitration Centre (HKIAC) are advised to note the following points pursuant to the Personal Data (Privacy) Ordinance.

1. Personal data provided in this application form will be used solely for the purpose of applying to be a member of the HKIAC Users' Council, and in this connection the data herein will be dealt with by the HKIAC staff and/or by the HKIAC Council members.
2. After an application for membership of the HKIAC Users' Council has been duly processed, the application papers of the candidate/organisation will be retained in a file established by the HKIAC for each applicant. Such information will be retained by HKIAC for as long as it deems necessary or useful.
3. Under the provisions of the Personal Data (Privacy) Ordinance, an applicant has the right to access to, and the correction of, his/her personal data as retained by the HKIAC. Applicants wishing to access or make corrections to their data should submit written requests to the Secretary General of the HKIAC.

### DECLARATION

1. I have read and agreed to the Personal Data (Privacy) Ordinance Notice.
2. I authorise the HKIAC, its staff, employees and/or members of the HKIAC Council to deal with, utilise and/or assess the data submitted by me as may be required in connection with my application for membership of the HKIAC Users' Council
3. I understand that my data will become part of the HKIAC's files and may be used for all purposes deemed necessary or useful by the HKIAC.
4. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my application for the HKIAC Users' Council should my application be successful.
5. Any information on this form may be made available by the HKIAC to third parties for the purposes of applying for membership of the HKIAC Users' Council.

Please sign below to confirm your agreement to the disclosure of the information contained in the application and your confirmation of its accuracy.

Signature: \_\_\_\_\_ Name (in print): \_\_\_\_\_ Date: \_\_\_\_\_