

THE ACTUARIAL SOCIETY OF HONG KONG

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ACTUARIAL SOCIETY
of
H O N G K O N G
香 港 精 算 學 會

MEMBERSHIP RESIGNATION FORM

Part I: Details of Resignation Request

Name (Mr/Mrs/Ms/Miss/Dr/Prof) _____ Member ID _____

Day-Time Contact Tel _____ E-mail _____

Correspondence Address _____

To: The Actuarial Society of Hong Kong (ASHK)

I would like to resign my membership with the ASHK with effect from _____ (DD/MM/YYYY)
due to the following reason(s)*:

(* Note: The feedback from members who resign will be used anonymously to help the ASHK improve in the future.)

Part II: Declaration

By my signature below,

- 1 I declare that the information in this form is, to the best of my knowledge and belief, accurate and complete.
- 2 Upon approval, I am not entitled to the membership benefits that the ASHK provides. And I understand that subscription fee paid for the current membership year (runs from 1 October to 30 September) is non-refundable.
- 3 I understand that the provision of personal data is voluntary according to Personal Data (Privacy) Ordinance. Personal data collected will be used for administration and management purposes including, but not limited to, membership admission, registration maintenance; accreditation of qualifications; enforcement of members' compliance with the Articles of Association and By-Laws (e.g. Continuing Professional Development) as well as any other Rules and Regulations of the ASHK for the time being in force and related matters; nomination for appointments in ASHK's Council /Committee(s)/Taskforce(s); compilation of ASHK membership directory/search and statistics; general mailing and communication activities; research and development; promotion of the profession and the ASHK; provision of membership services and activities; and handing of enquiries, feedback, complaints or disciplinary action. The ASHK will only retain personal data collected for such period as may be necessary for the carrying out of the above purposes and destroy any documents containing personal data it holds in accordance with its internal policy and applicable laws.
- 4 I confirm that I consent to the exchange of information between the ASHK and any of the International Actuarial Association ("IAA") full member associations including the IAA relating to my membership. This includes, but is not limited to, the provision to any disciplinary investigations team of ASHK of information on or relating to any investigation, finding, decision and determination undertaken or issued by my primary professional regulator in relation to my conduct, for the purpose of possible consideration under the ASHK's disciplinary scheme.
- 5 I understand that I may request at reasonable intervals to be informed of and have access to my own data held and have such data corrected or erased where appropriate. I can write to info@actuaries.org.hk for any queries on the ASHK's privacy policy.

Signature

Date