



MEMBERSHIP INFORMATION UPDATE FORM

Kindly indicate your updates in the space provided or update the information online in the Login Area on the ASHK website.

Part I: Change of Personal Particulars

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

Day-Time Contact Tel _____ E-mail _____

To: The Actuarial Society of Hong Kong (ASHK)

I would like to update my personal particulars as below (tick "✓" as appropriate):

New Employer / Institution

New Position

New Correspondence Address

New Tel (Office / Mobile)

New Fax

New E-mail (Office / Personal)

Others*, please specify _____

* For change of identification information (name, date of birth, HKID card/passport no.), please provide supporting documents to ASHK.

Part II: Declaration and Personal Information Collection Statement

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 I understand that the ASHK will use members' personal data 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 handling 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.
- 3 **It is obligatory for members to supply the ASHK with the data in this form except as otherwise specified and if a member fails to supply such data the ASHK will not be able to process the member's form / application.**
- 4 I give consent that the ASHK may exchange information with any of the International Actuarial Association ("IAA") full member associations including the IAA relating to the ASHK's 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 a member's primary professional regulator in relation to the member's 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. The ASHK's privacy policy is available on its website: www.actuaries.org.hk. I can write to info@actuaries.org.hk for any queries on the ASHK's privacy policy.

Signature _____

Date _____