



## Personal Member Apply Form (Apply To China)

### Staff Fill

Member No. \_\_\_\_\_

Accept No. \_\_\_\_\_

Origin \_\_\_\_\_

Approve Date \_\_\_\_\_

### Personal Information

Apply Level  M<sup>R</sup>ID  S<sup>R</sup>ID  F<sup>R</sup>ID

Given name \_\_\_\_\_

ID Number \_\_\_\_\_

Certificate name \_\_\_\_\_

Please write your full name as you would like it to appear on your certificate (e.g. ZHOU Xiaoqing)

Have you ever been an independent director?

Mr  Miss  Ms  Mrs  Other

Family name \_\_\_\_\_

Date of Birth DD / MM / YY \_\_\_\_\_

Origin  China Mainland  HongKong  Macao  Taiwan

Yes  No Positioned years \_\_\_\_\_

### Contact Information

Business address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Business phone \_\_\_\_\_

Fax \_\_\_\_\_

Business email \_\_\_\_\_

Preferred mailing address  Business  Home

Home address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Family phone \_\_\_\_\_

Mobile \_\_\_\_\_

Personal email \_\_\_\_\_

Preferred email  Business  Personal

### Education Background

Tertiary (or higher) Qualifications (please state from the highest to lowest, please provide certificate copy)

1 From DD / MM / YY To DD / MM / YY  
Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree \_\_\_\_\_

2 From DD / MM / YY To DD / MM / YY  
Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree \_\_\_\_\_

3 From DD / MM / YY To DD / MM / YY  
Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree \_\_\_\_\_

Non-awards training (please provide copy of training certificate)

1 From DD / MM / YY To DD / MM / YY  
Topic \_\_\_\_\_

Institution \_\_\_\_\_

2 From DD / MM / YY To DD / MM / YY  
Topic \_\_\_\_\_

Institution \_\_\_\_\_

### Qualification information

Current Professional Qualification Information (please provide certificate copy)

1 Name of institute \_\_\_\_\_  
Awarded date DD / MM / YY \_\_\_\_\_

Qualification name \_\_\_\_\_

Qualification level \_\_\_\_\_

2 Name of institute \_\_\_\_\_  
Awarded date DD / MM / YY \_\_\_\_\_

Qualification name \_\_\_\_\_

Qualification level \_\_\_\_\_

## Work Experience

1 From  DD / MM / YY To  DD / MM / YY Department  Position   
Company name   
Business area

2 From  DD / MM / YY To  DD / MM / YY Department  Position   
Company name   
Business area

3 From  DD / MM / YY To  DD / MM / YY Department  Position   
Company name   
Business area

Please provide information of listed companies you employed (Please ignore this section if you're an <sup>M</sup>ARID applicant)

1 From  DD / MM / YY To  DD / MM / YY Stock code   
Name of listed company

2 From  DD / MM / YY To  DD / MM / YY Stock code   
Name of listed company

3 From  DD / MM / YY To  DD / MM / YY Stock code   
Name of listed company

## Other Information

Disciplinary Sanction

Criminal Record

Have you ever received condemn from a professional institution or monitor department

Holding shares or any related financial products of the listed company you employed

Resident Rights in other countries

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>

## Referrals Information

Applicants must have referral or referred company, our staff may through those companies to comprehend you, all referrals do not have responsibility to you.

Referral name

Company name

Department

Position

Phone

Fax

Email

Address

Postcode

Have been an independent director

Currently hold a ARID member qualification

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please state <input type="text"/>

I hereby apply for admission to the Association of Registered Independent Director (ARID) and I certify that the information provided on this application form and attachments is true and correct.

Applicant Sign:

Referral Sign:

Date:

Date:

Please send the form to our Email address: [cn.im@arid.org.uk](mailto:cn.im@arid.org.uk)

[arid.org.uk](http://arid.org.uk)