



香港退休計劃協會

The Hong Kong Retirement Schemes Association

HKRSA Membership Enrolment Form 2026

Company Information:

Company Name: _____ Type of Industry: _____

Company Address: _____

Contact Person: _____ Direct Contact Number: _____

Position/Title: _____ Email: _____

Membership: ☐ Renewal ☐ New application (How did you learn about HKRSA? _____)

	Primary	HR Representative	Additional
Corporate Member	☐ HK\$6,300	Waived	☐ HK\$1,350 each
Individual Member	☐ HK\$1,350	N/A	

Primary Representative:

Surname (Mr/Mrs/Miss/Ms): _____ First Name: _____

Position/Title: _____

Direct Contact Number: _____ Email: _____

HR Representative (for Corporate Member):

Surname (Mr/Mrs/Miss/Ms): _____ First Name: _____

Position/Title: _____

Direct Contact Number: _____ Email: _____

Additional Representative*:

**If you have more than one additional representative, please make copies of this page and fill in the information as required.*

Surname (Mr/Mrs/Miss/Ms): _____ First Name: _____

Position/Title: _____

Direct Contact Number: _____ Email: _____

All personal information collected will be handled in accordance with the Personal Information Collection Statement of HKRSA, a copy of which will be provided with this enrolment form or upon request. For an Individual Member, if you do not wish us to use or transfer your personal data for direct marketing purpose, please tick the box below.

☐ I do not wish the HKRSA to use or transfer my personal data for direct marketing purpose.

Payment Methods

(Please settle your payment by EITHER of the following methods)

1. Transfer or deposit to our HSBC A/C: 047-391339-001 (A/C Name: The Hong Kong Retirement Schemes Association). Please email (info@hkrsa.org.hk) us a copy of the bank-in slip and this enrolment form for reference purpose.
2. Cheque should be made payable to "The Hong Kong Retirement Schemes Association". Please send your cheque with this enrolment form to: Room 1204, 12/F, OfficePlus @Sheung Wan, 93-103 Wing Lok Street, Sheung Wan, HK.

Date: _____

Signature: _____
(For Corporate Membership, this should be signed by the Primary Representative)

Company Stamp: _____
(Applicable to Corporate Membership Applicants only)