



HONG KONG RETAIL MANAGEMENT ASSOCIATION

10/F., First Commercial Building, 33-35 Leighton Road, Causeway Bay, Hong Kong

Tel: 2866 8311

Fax: 2866 8380

Website: www.hkrma.org

FULL MEMBERSHIP APPLICATION FORM

Name of Company: (English)		(Chinese)
Address :		
Tel:	Fax:	Website:
No. of Employees*:	No. of Retail Outlet(s)*:	Retail Business Started Since: (mm/yyyy)
Contact Person Name:		Contact Person Tel:
Name(s) of Subsidiaries in Retail Business:		Sales ratio: % (local consumers) vs % (tourists)
Business Registration No. (pls enclose copy):		Main Product Line(s)/ Serie(s):

(*please include all office & store employees and no. of retail outlets under the above company name & subsidiaries listed.)

Authorized Representative

It is provided in the Articles of Association of Hong Kong Retail Management Association (HKRMA) Limited that every corporate member shall have the right to nominate one person to become the Authorized Representative of the HKRMA member.

Name: (Ms./ Mr.) _____ Position: _____

Tel: _____ Fax: _____ Email: _____

Name(s) and Position(s) of Your Representative(s) (To receive HKRMA information and maximum number of nominee is 5)

	Name	Position	Tel.	Fax.	E-mail Address
1.					
2.					
3.					
4.					
5.					

Business Category (Pls tick one major category & indicate sub-category if required):

- | | |
|---|--|
| <input type="checkbox"/> 1. Beauty Products/Cosmetics | <input type="checkbox"/> 8. Supermarkets/Convenience Stores/Drug Stores |
| <input type="checkbox"/> 2. Catering/Food | <input type="checkbox"/> a. Supermarkets <input type="checkbox"/> c. Drug Stores |
| <input type="checkbox"/> 3. Department Stores | <input type="checkbox"/> b. Convenience Stores |
| <input type="checkbox"/> 4. Electronic & Electrical Appliances/Telecommunications | <input type="checkbox"/> 9. Watches & Jewellery |
| <input type="checkbox"/> 5. Fashion & Accessories | <input type="checkbox"/> 10. Other (Pls specify): _____ |
| <input type="checkbox"/> 6. Furniture & Home Accessories | |
| <input type="checkbox"/> 7. Specialty Stores | |
| <input type="checkbox"/> a. Bird's Nest/Ginseng/Seafood | <input type="checkbox"/> b. Books/Magazines/Stationery/Gift |
| <input type="checkbox"/> d. Optical | <input type="checkbox"/> c. Music/Video/Entertainment |
| | <input type="checkbox"/> e. Wine |
| | <input type="checkbox"/> f. Other (Pls specify): _____ |

Business Type (Pls tick one & fill in the appropriate numbers below):

1. Retail Operation with	<input type="checkbox"/> 1-2 outlets (each outlet not exceeding 1,000 sq. ft.)	<input type="checkbox"/> 1-2 outlets (each outlet between 2,001-3,000 sq. ft.)
	<input type="checkbox"/> 1-2 outlets (each outlet between 1,001-2,000 sq. ft.)	<input type="checkbox"/> 3-10 outlets (each outlet not exceeding 3,000 sq. ft.)
2. Retail Chain Operation with	<input type="checkbox"/> more than 10 outlets (each outlet not exceeding 1,000 sq. ft. for all stores, total: _____ outlets).	
	<input type="checkbox"/> more than 10 outlets (for all other store sizes, total: _____ outlets).	
3.	<input type="checkbox"/> Department store operators or retailers with outlets exceeding 3,000 sq. ft. (per outlet basis, total _____ outlets).	
4. E-tailers with	<input type="checkbox"/> an annual sales turnover of HK\$10 million or below.	<input type="checkbox"/> an annual sales turnover of over HK\$10 million.
5.	<input type="checkbox"/> Other (Pls specify): _____	

We hereby apply for Full Membership of the Hong Kong Retail Management Association and if accepted, agree to abide by the rules and "Code of Practice" of the Association. We understand that the Executive Committee may refuse to accept any application for membership and any nomination for representative membership and is not bound to state the reason for so doing.

Name : _____ Position : _____

Date: _____ Signature: _____

Data Collection and Use

The data you provide will be used for approval or renewal of membership, future correspondence, sending you news updates, marketing information and activities, circulars and publications, holding meetings, conducting surveys, or other related activities of HKRMA and other partners, organizations or agencies. If you do not wish to receive our information, please inform HKRMA in writing. All data collected shall be kept strictly confidential and shall not be released to third party and/ or for any other uses.

Note: Please refer to the Membership Subscription Rates for the membership fee.

(CHEQUES TO BE MADE PAYABLE TO "HONG KONG RETAIL MANAGEMENT ASSOCIATION LTD")

(FOR OFFICIAL USE ONLY)

ACCEPTED/ REJECTED by HKRMA on: _____ Approved by: _____



Membership Declaration 會員聲明

I declare that I have been authorised by the Company of the present application to make the following declaration:

本人謹此聲明，本人已獲本申請的公司授權作出以下聲明：

1. that the Company hereby applies/renews for membership of the Hong Kong Retail Management Association and if accepted, agrees to abide by the rules and “Code of Practice” of the Association. The Company understands that the Executive Committee of the Association may reject any application for membership, or terminate an existing membership, and refuse any nomination of company representative and is not bound to state the reason for so doing;

本公司謹此申請加入成為香港零售管理協會的會員，並願意遵守協會的所有規定及守則。公司同意協會執委會有關拒絕任何入會申請，或終止現有會籍，或拒絕任何公司代表提名，而毋須說明理由。

2. that the Company’s retail operation has been fully operative for at least one year.

本公司的零售業務營運了最少一年。

3. that the Company only sells genuine products.

本公司只售賣正版商品。

4. that the Company **has / does not have** * established consumer complaint case(s) with the Consumer Council within the past 12 months.

在過去一年內，本公司 **有 / 沒有*** 收到被消費者委員會確認成立的投訴個案。

5. that the Company **has / does not have** * claimed record(s) of trade mark infringement.

本公司 **有 / 沒有*** 被投訴或涉及侵犯註冊商標的紀錄。

6. that the Company consents to the release to and/or request for complaint records or information by the Hong Kong Retail Management Association in relation to any allegations received by the Consumer Council, government departments or organizations or agencies including overseas against the Company in the past 12 months.

本公司同意香港零售管理協會可向消費者委員會、政府部門及其他組織或機構（包括海外機構）提供及/或索取有關本公司在過去12個月內由上述機構接獲的任何有關本公司的投訴紀錄及資料。

Company Name 公司名稱 _____

Name 姓名 _____

Position 職位 _____

Date 日期 _____

Authorized Signature with Company Chop
授權簽署及公司印章

(* Please delete where inappropriate 請刪去不適用者)