



香港中華眼鏡製造廠商會有限公司
HONG KONG OPTICAL MANUFACTURERS ASSOCIATION LTD.
香港九龍旺角花園街十一號三樓
NO. 11, FA YUEN ST., 2/F., MONGKOK, KOWLOON, HONG KONG.
TEL: (852) 2332 6505 / 7721 0558 FAX: (852) 2770 5786

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入會申請書

MEMBERSHIP APPLICATION FORM

申請公司資料 Particulars of Applicant Company			
公司名稱 (中文)			
Name of Company (英文)			
商業登記證號碼 Business Registration No.	*交表格時請附商業登記證影印副本 Please attach BR copy.		
營業地址 (中文)			
Business Address (英文)			
電話號碼 Tel		傳真號碼 Fax	
電郵地址 Email		公司網址 Website	
公司授權代表資料 Particulars of Authorized Representative of the Applicant Company			
公司授權代表姓名 (中文)			
Name of Authorized Representative (英文)			
聯絡地址 (中文)			
Corr. Address (英文)			
專線電話號碼 Direct Tel	(如適用 if any)	專用傳真號碼 Direct Fax	(如適用 if any)
專用電郵地址 Direct Email	(如適用 if any)		
業務簡介 Description of Business			
業務範圍 Scope of Business			
開業日期 Date of Commencement			
目前僱員人數 No. of Employee	(香港 HK)	(國內 PRC)	(海外 Overseas)
公司股權情況 Company Ownership Status	獨資/合資/有限公司/上市公司 Sole Proprietor/Partnership/Limited Company/ Public Listed Company * 請刪去不適用者 Please delete whichever is inapplicable		
本港廠址或寫字樓面積 Floor Area of Local Plant or Office			
本港廠房業權情況 Ownership of Local Factory Premises	自置/租用 Own/Rent * 請刪去不適用者 Please delete whichever is inapplicable		

國內廠房情況 Status of Manufacturing Plant in PRC	
國內廠房地址 (中文)	
Address of Mfg Plant in PRC (英文)	
國內廠房面積 Floor Area of Mfg Plant in PRC	
國內廠房員工人數 No. of Employee in PRC Mfg Plant	

聲明 Declaration

本公司擬申請加入「香港中華眼鏡製造廠商會有限公司」成為會員，並謹以至誠聲明，本申請表上所填寫之一切資料全部真確無訛。本公司亦明白 貴會有絕對權力考慮接納或否決此申請，本公司將會接受 貴會之決議。若此申請經 貴會接納，本公司願遵守 貴會之一切有關會章、附則及決議，並同意支付入會費、會籍定捐及其它有需要之費用。

Our Company wishes to apply for a membership in the "Hong Kong Optical Manufacturers Association Ltd", we hereby solemnly and sincerely declare that the particulars entered into this form are true in all respects. We understand the Association has the absolute discretion to review, accept or reject this application. We agree to be bound by any decision made by the Association on this application and agree to comply with the Rules of the Association as set out in the Memorandum and Articles of Association and Disciplinary Proceedings By-laws of the Association. We also agree to pay the relevant entrance fee, subscription fee and any other relevant fees if my application for the membership is accepted.

申請公司蓋章及授權人簽署

Signature of Authorized Representative

With Company Chop

授權簽署人姓名及職銜

Signatory Name & Title

*請用正楷寫 Please use Block Letters

日期 Date:

介紹人簽署 Recommended by

介紹人姓名 Name of Signatory

*請用正楷寫 Please use Block Letters

日期 Date

本會專用欄(For HKOMA office use only)	
審查報告 Check Report	
審批人簽署 Approved by	
審批日期 Approval Date	
會員編號 Membership No. Assigned	