



## Application Form for Certified Building Inspectors

Title _____	Male/Female _____	Date of Birth (dd/mm/yy) _____ / _____ / _____	
Surname _____	First/middle names _____	Chinese Name _____	
Employer/Company _____	Position in company _____		
Correspondence address _____ _____			
Tel. _____	Fax. _____	Email _____	
Education (Please attach evidence, if necessary)			
Discipline _____	College/ University _____	Graduation date mm/yy _____	Degree/ Diploma _____
Professional body membership (Please attach evidence, if necessary)			
Experience (You may use separate page for additional information)			
I wish to join the Hong Kong Registered Professional Building Inspectors as a (please tick one or more boxes)			
<input type="checkbox"/> Certified Associate Building Inspector			
<input type="checkbox"/> Certified Professional Building Inspector			
Registration Fees:	Please refer to the Fee Schedule.		
Payment method:			
Amount in HK \$			
<input type="checkbox"/> Cheque* <input type="checkbox"/> Cash deposit# <input type="checkbox"/> E-transfer#			
* Cheque to be made payable to "Hong Kong Registered Professional Building Inspectors Company Limited"			
# Please provide transfer slip			
Bank name :Bank Of China (Hong Kong)			
Account number:012-611-2-049645-6			
Account name: Hong Kong Registered Professional Building Inspectors Company Limited			
Signature of applicant: _____		Date: _____	