



## Hong Kong Musicians Union

Register under the Trade Union and Trade Disputes Ord. since 1948  
7/FI., A-1, Mirador Mansion, 54-64 Nathan Road, Kowloon, Hong Kong  
Tel: 2366 7744 Email: [info@hkmu.org](mailto:info@hkmu.org)  
<http://www.hkmu.org>

Official Application / Registration Membership Form

EXAMINED BY

# FORM APL / REG

For HKMU Internal Records Only

REGISTRATION NUMBER

EFFECTIVE DATE OF REGISTRATION  
(Assigned by the HKMU Office)

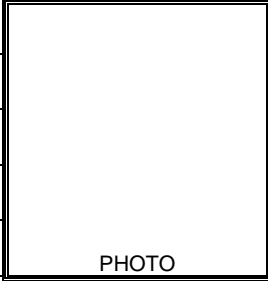
Day Month Year

APPLICATION RECEIVED

FEE RECEIVED (HKD)

**DO NOT WRITE ABOVE THIS LINE.** (For Official Use Only)

(PLEASE WRITE IN BLOCK LETTERS.)

Last Name									
First Name									
Middle Name									
Nickname									
Date Of Birth	DAY		MONTH		YEAR		Sex		PHOTO
HKID Number									
Hong Kong Address									
Other Address									
Place of Work / Address									
Musical Profession									
Present Occupation									
Spouse Name									
No. of Children									
Home Phone									
Mobile Phone									
Email Address									

**CERTIFICATION\*:**

I, the undersigned, hereby certify that the statements made by me in this application / registration are true and correct to the best of my knowledge.

Signature (X) \_\_\_\_\_

Date: \_\_\_\_\_

**BENEFICIARY DESIGNATION FORM**

(1) Policy No.: 05211102GL

Name of Policyholder : Hong Kong Musicians Union

Full Name of Assured Member

Hong Kong ID Card No.:

Mr. \_\_\_\_\_

\_\_\_\_\_

Ms. \_\_\_\_\_

(2) I, the Assured Member of the above Policy [issued by AXA China Region Insurance Company Ltd. hereby

(a) designate the following persons to be the beneficiary(ies) for the death benefits payable under the above Policy.

Name of Beneficiary	%	H.K.I.D. Card No.	Relationship
_____	( )	_____	_____
_____	( )	_____	_____

(b) revoke all previous beneficiary designations and designate the following persons to be the new beneficiary(ies) for the death benefits under the above Policy.

Name of Beneficiary	%	H.K.I.D. Card No.	Relationship
_____	( )	_____	_____
_____	( )	_____	_____

Signed by:

Signed by: Assured Member

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Full Name