



保障資料主任聯會會員申請表 Fcvc'Rt qvgevkqp'Qhlegtu'Envd'Membership Application Form 新會籍 New Membership



請選擇“✓” / Please “✓” the appropriate box

申請會籍類別 Type of Membership : 機構 (Organisational) 個人 (Personal)

申請機構會籍之申請人必需填寫註有 * 號的資料。 Applicant applying for organisational membership should fill in the items marked with *

* 機構名稱 Name of Organisation: _____

* 業務性質 Nature of Business: _____

* 職位 Position: _____

稱謂 Salutation: 先生 / 女士 / 小姐

請刪去不適用者 Please delete as appropriate Mr / Ms / Miss

姓 Last name: _____

名 First name: _____

通訊地址 Correspondence Address: _____

電話 Telephone Number: _____

傳真 Fax: _____

* 電郵 E-mail: _____

會費 Membership Fee: 每年港幣\$350 (會籍有效期由入會日起計12個月)
HK\$350 per year (12 months of membership from the date of joining the DPOC)

請將此表格連同祈付「個人資料私隱專員」之
港幣\$350劃線支票寄回下列地址：
(所收款項將不予退還)
Please send this form together with a crossed cheque payable to
“Privacy Commissioner for Personal Data” in the amount of HK\$350 to
the following address: (The fee is non-refundable)

寄: 經理(傳訊及教育) To: Manager (Communications & Education)
個人資料私隱專員公署 Office of the Privacy Commissioner for Personal Data
香港灣仔皇后大道東248號陽光中心13樓1303室 Room 1303, 13/F, Sunlight Tower, 248 Queen's Road East, Wanchai, HK

支票號碼 Cheque No. : _____ 發票銀行 Bank : _____

如需公署發出收據，請在方格內加上「✓」號 If you would like to obtain a receipt, please tick the box.

註：海外會員如需以PayPal方式繳交會費，請電郵至 d poc@pcpd.org.hk 以索取詳情。請注意，申請人須承擔所有相關交易的手續費用。
Remark: Please email to d poc@pcpd.org.hk to obtain details if you would like to pay the membership fee by PayPal from overseas. Please note that the applicant is responsible for any service charge levied.

本表格內提供的個人資料會用作舉辦保障資料主任聯會有關活動的目的。你須為參加聯會提供有關資料。
公署擬用你在此表格提供的個人資料(即你的姓名及電郵地址)，目的是向你發放關於公署的推廣及教育活動資訊，但公署在未得到你的同意之前，不會如此使用那些資料。

Any personal data provided in this form will be used for the purposes of carrying out activities related to the Data Protection Officers' Club. You are required to supply the data in order to join the Club.

The Office of the Privacy Commissioner for Personal Data (PCPD) intends to use the personal data (i.e. your name and email address) you provided in this form for the purpose of sending you information on the PCPD's promotional and educational activities but we will not so use the data unless we have received your consent.

請在方格內加上「✓」號以表示你同意 Please tick the box to indicate your consent

我同意公署如此使用我的資料(即姓名及電郵地址)，以發放關於公署的推廣及教育活動資訊
I **AGREE** that PCPD uses my name and email address for the purpose of sending me information on the PCPD's promotional and educational activities

你有權要求查閱及改正公署所持有你的個人資料。如要向公署提出查閱資料要求，請填妥查閱資料要求表格 (OPS003)，然後以傳真 (2877 7026)、電郵 (enquiry@pcpd.org.hk)、親自遞交或郵寄 (香港灣仔皇后大道東248號陽光中心13樓1303室) 方式送交個人資料私隱專員公署保障資料主任。

You have the right to request access to and correction of your personal data held by the PCPD. You should make your data access request by completing the [Data Access Request Form \(OPS003\)](#) and sending the completed Form directly to the Data Protection Officer of the PCPD by fax (2877 7026), by email at enquiry@pcpd.org.hk or in person or by mail to the PCPD, Room 1303, 13/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong.

簽名 Signature: _____ 日期 Date: _____