



MASTER OF BUSINESS ADMINISTRATION

APPLICATION FORM FOR APPLICANTS

Name: Mr/Ms						
LIVID Canal Na 75)					
KID Card No. (For verification of the applicant's identity): Date of Birth (YY/MM/DD):						
Position:						
Company:						
Address of Company:						
Nature of Business (e.	g. Retail), plea	se specify:				
Tel. No. (Office):		_ (Residence):	(1	Mobile):	Co. Fax No.:	
Correspondence Addr	ress:					
			E-ma	il:		
Cheque Number:			Chec	_ Cheque Amount: HK\$		
Sponsored by:	☐ Self ☐	Company				
Name & Title of Nomi	nator (if appli	cable)				
Nominator email / ad	dress:					
From where did you F	IRST learn abo	ut this programme?	?			
]HKMA Email □Mail □Newspaper/Magazine (please specify):						
□Email Promotion from Other Websites (please specify):□Online Advertisement (please specify):						
☐Search Engine (please	specify):		DSc	ocial Media (pleas	e specify):	
□HKMA Website (Where	did you find th	is information):				
☐MTR Station (please sp	ecify):	Exhibition:□Job	market Career &	Education (EJEX)[Others (please specify):	

- 1. The University of South Australia and the HKMA support the equal opportunities policy, without discriminating against any person on the grounds of gender, disability, family status or any other basis.
- 2. The Association will send you various updates / information via e-mail.
- 3. The Association reserves the right to cancel a programme and make alterations in relation to its lecturers, contents, dates, time and venue without prior notice.
- $4. \ \ It is a matter of \dot{d}iscretion for individual employers to recognize any qualification to which this course may lead.$

Personal Data Collection Statement

- 1. The personal data of applicants are collected and kept for purposes of processing of applications of course enrolment, course admission, student and member administration, course research and statistical matters.
- The personal data provided in this form will be used by the Association for direct marketing, including special offers, training and education programmes, awards and competitions, membership, alumni, promotional activities and other services and activities that it may arrange.
- 3. Applicants wishing for access to and/or correction of personal data may send their written requests to the Association.

If you do not wish to receive information as stated in point 2 of this statement, please indicate your objection by ticking the box. You may at any time send your written requests to the Association. \Box

Applicant's Declaration

- 1. I declare that the information provided in this form and the attached documents is correct and complete. I authorize the Association to obtain information about my public examination results and records of studies from concerned institutions (if necessary).
- 2. I understand that the information provided in this form and the attached documents will be used in the admission assessment process and that any misrepresentation, omission or misleading information given may disqualify my application for admission and enrolment in the programme.
- 3. I have noted, understood and agreed to the contents of the Personal Data Collection Statement.

Notes

- 1. I understand that all handout materials obtained in class are strictly for my own educational purposes.
- 2. I have understood all the "Notes for Application" listed in Application Form.

Applicant's Signature: _____ Date: _____