

**CONFIRMATION REQUEST FORM FOR RECIPROCAL RECOGNITION AGREEMENT
HOME PROFESSIONAL INSTITUTION**

APPLICANT INFORMATION

NOTE TO APPLICANTS: Please ask your Home Professional Institution to complete this form, and then directly send it back to the HKIE Membership Section.

Surname		Given Names	
Institution		Registration Number	
Date of Birth		CEng Registration Number (if applicable)	

TO THE PROFESSIONAL ENGINEERING INSTITUTIONS WITH THE ABOVEMENTIONED CANDIDATE

The above applicant would like to apply for the HKIE Corporate Membership via Reciprocal Recognition Agreement and stated that he/she is/was a member of your institution. Please complete this confirmation request form concerning the standing of the applicant and **DIRECTLY RETURN** it to the HKIE Membership Section at member@hkie.org.hk.

Please **DO NOT** return the completed form to the applicant. Thank you.

Name on proof of citizenship/permanent residency document
 Same as above Other (Please provide) _____

ELIGIBILITY CRITERIA	YES, NO, N/A or Text
Date of Election	
Is a current Chartered Member in good standing?	
Has this member ever been subjected to any disciplinary action?	
Washington Accord accredited academic qualification? OR Substantially equivalent academic formation assessed by HKIE <i>(If individually assessed, please indicate which academic qualification(s) were considered)</i>	
Formation under the general supervision of your Institution?	
Admission to Member under normal procedures and criteria?	
If yes, Date of Professional Review?	
Assessed by your Institution in the engineering discipline / area of	
Was membership of your Institution obtained from RRA with other Professional Institutions? <i>(If yes, please state the name of the parent Institution)</i>	

I confirm the above information has been provided from the official Membership records of our Institution and that the Hong Kong Institution of Engineers is entitled to rely on it in judging the eligibility of the person(s) named for Corporate Membership of that Institution.

_____	_____
Signature	Name
_____	_____
Position	Date