



AFP[®] Certification 

APPLICATION FORM



香港財務策劃師學會
INSTITUTE OF FINANCIAL PLANNERS OF HONG KONG

13/F, Causeway Bay Plaza 2, 463-483 Lockhart Road, Hong Kong 香港銅鑼灣駱克道463-483號銅鑼灣廣場二期13樓
T : (852) 2982 7888 F : (852) 2982 7777 W : www.ifphk.org E : info@ifphk.org

IMPORTANT NOTES

1. There are two parts in this form: APPLICATION INSTRUCTIONS and APPLICATION DETAILS. Please read APPLICATION INSTRUCTIONS carefully before completing this form.
2. Please complete in BLOCK letters and in BLACK.
3. Please note that the complete application with all required documents and appropriate fee must be submitted in person or by mail to the office:

The Institute of Financial Planners of Hong Kong
13/F, Causeway Bay Plaza 2,
463 - 483 Lockhart Road, Hong Kong
"Re: Application for AFP[®] Certification"

4. Incomplete or fax applications will not be accepted under any circumstances.
5. To apply for AFP certification, applicant must possess 1 year of qualified work experience in financial planning (gained within an 18-year period running from 10 years before to 8 years after the last exam date). Furthermore, application must be made no later than 31 December in the final year of the 18-year period.
6. All applications are subject to review and approval by the IFPHK. IFPHK may in its absolute discretion refuse to approve any application.
7. Certificant's benefits will not start until full payment is received and application is approved. The application result will be sent to the correspondence address provided in around 6-8 weeks.
8. Certification fees are reviewed and/or revised annually. Valid certificants will be notified of any changes.
9. IFPHK observes anti-discrimination laws in force in Hong Kong and adopts policies and procedures to ensure fair and equitable treatment for all applicants in the application process.
10. Information submitted will be processed according to the Personal Data (Privacy) Ordinance.
11. Application sent by mail with insufficient postage will NOT reach the IFPHK. Applicants are advised to ensure sufficient postage and have their return address printed on envelopes.
12. If you have any concerns, issues or further queries regarding the AFP[®] Certification, please contact us by email at cert@ifphk.org.

APPLICATION INSTRUCTIONS

SECTION I: PERSONAL PARTICULARS

Please fill in all contact information. The result of your application will be sent to your correspondence address provided. If there is change in your contact information during the course of application processing, please inform IFPHK immediately.

The email address will be used as the login name for access to the members' area under IFPHK website. Acknowledgement of receipt and other regular communication from IFPHK will be sent to the same email address.

Please fill in the Employer Code, Industry Code and Earnings Code in accordance with the tables below.

Employer Code

(Please choose the group that your current employer belongs to)

C 1 AIA	C 9 DBS Bank	C 17 Standard Chartered Bank
C 2 AXA	C 10 Hang Seng Bank	C 18 UBS
C 3 Bank of Communications	C 11 HSBC	C 19 Wing Lung Bank
C 4 Bank of East Asia	C 12 FWD Group	C 20 Zurich Insurance Group
C 5 Bank of China	C 13 Manulife	C 22 Sun Life Hong Kong Limited
C 6 China Construction Bank	C 14 Nanyang Commercial Bank	C 23 FTLife
C 7 Citibank	C 15 Prudential	C 24 China Life
C 8 Convoy	C 16 Shanghai Commercial Bank	C 21 Others

Industry Code

(Please choose the one that best describes the industry you are serving, e.g. if you are serving as an accountant in a retail bank, you should choose I1)

I 1 Retail Banking	I 6 Independent Financial Advisor	I 11 Academia
I 2 Private Banking	I 7 Asset Management	I 12 Real Estate Sector
I 3 Investment Banking	I 8 Securities Brokerage	I 13 Others
I 4 Life Insurance	I 9 Legal Practice	
I 5 General Insurance	I 10 Accounting Practice	

Earnings Code

E 1 Less than HK\$200,000	E 4 HK\$600,000 – less than HK\$800,000
E 2 HK\$200,000 – less than HK\$400,000	E 5 HK\$800,000 – less than HK\$1,000,000
E 3 HK\$400,000 – less than HK\$600,000	E 6 HK\$ 1 million or above

SECTION II: EDUCATION

- Please indicate the highest academic qualification you attained at or above HKCEE / HKDSE level. For degree holders, please attach certified true copies of the transcript(s) or certificate(s) of the highest academic qualification at or above bachelor degree level. For non-degree holders, please attach a certified true copy of the HKCEE / HKDSE certificate or a certificate of the equivalent qualification.
- Only degrees received from accredited universities will be accepted. The following qualifications are considered as degree equivalent:
 - Hong Kong Polytechnic (3 year diploma)
 - Hong Kong City Polytechnic (3 year diploma)
 - Hong Kong Baptist College (3 year and 4 year diploma)
 - Hong Kong Lingnan College (3 year and 4 year diploma)
 - Hong Kong Shue Yan College (3 year and 4 year diploma)

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3. Certified True Copies

Unless originals* are submitted, only certified copies from the following institutions / authorities / approved professionals** are accepted as Certified True Copies:

- i) IFPHK Registered CFP^{CM} Certification Education Program Providers
- ii) Registrar of local self-accredited universities
- iii) HR department of current employer
- iv) Commissioners of Oaths of Government of HKSAR
- v) Individuals with approved credentials** listed below:

- CERTIFIED FINANCIAL PLANNER^{CM} / CFP^{CM}
- Associate/Fellow of Association of Chartered Certified Accountants (ACCA/FCCA)
- Associate/Fellow of Association of International Accountants (AAIA/FAIA)
- Associate/Fellow of Chartered Institute of Management Accountants (ACMA/FCMA)
- Certified General Accountant (CGA)
- Certified Management Accountant - Australia, Canada, US (CMA)
- Chartered Accountant (CA) (Australia, Canada, England and Wales, Ireland, New Zealand, Scotland, South Africa, Zimbabwe)
- Chartered Financial Analyst (CFA)
- Chartered Financial Consultant (ChFC)
- Chartered Life Underwriter (CLU)
- Fellow of Australian and New Zealand Institute of Insurance and Finance (ANZIIF(Fellow))
- Fellow of Chartered Insurance Institute (FCII)
- Fellow of the Society of Actuaries (FSA)
- Members of Chartered Institute of Public Finance and Accountancy (CPFA)
- Member of Hong Kong Bar Association
- Member of Hong Kong Law Society
- Member of Hong Kong Institute of Certified Public Accountants (FCPA/CPA)
- Doctoral Degree in Business/Economics

* Original documents submitted will not be returned.

** Individuals who certify copies of documents must:

- (1) sign on copies of all pages of the transcripts, including the front and back of the transcripts,
- (2) write down their credentials and valid license numbers, and
- (3) attach their current business cards showing the approved credentials and detailed contact information.

SECTION III: EXAMINATION

You must have completed the CFP certification examination (Foundation Level) (formerly known as the AFP Certification Examination) before applying for AFP certification. Please fill in the month and year of your last examination.

SECTION IV: EXPERIENCE

1. Experience Requirement

To apply for AFP certification, you must have a minimum of 1 year qualified work experience in financial planning. **Please refer to APPENDIX 1 for the definition of qualified work experience.**

Other Requirements:

- a. Valid time period for experience
Only experience gained up to ten years before or up to eight years after the date of last CFP Certification Examination (Foundation Level) (formerly known as AFP Certification Examination) will be considered. If the work experience is not fulfilled within this time frame, the application may be terminated.
- b. Part-time work experience
Part-time employment is credited towards the requirement on an hourly basis, with 2,000 hours representing the equivalence of one year full-time. Please indicate the total number of work hours claimed.

2. Experience Information

- a. You are required to provide details of your employment history in financial planning during the valid time period in chronological order.
- b. If you had several positions in the same company, please fill in separate pages to specify details in each position.
- c. Make copies of this section and attach additional sheets if necessary.

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- d. During the valid time period of your work experience, if you have registered as a licenced intermediary under regulatory bodies (SFC, HKMA, IA, MPFA), please provide detailed licence registration record covering the entire valid time period. Applicant may apply for licence registration history from regulatory bodies.
 - e. An updated resume must be attached. **(Please refer to APPENDIX 2 for the format.)**
3. Experience Record Verification
- The submitted experience record must be verified and attested by your current supervisor, or a member of the senior management, or the human resources manager of your current employer. If you are a sole proprietor, a third-party product provider may verify your experience. In case if none of these individuals is able to do so because of insufficient information, a professional with approved credentials must attest your experience record instead. They must also provide their certificate or letter of good standing.
- APPENDIX 3 shows a sample of complete SECTION IV on a particular position.**

SECTION V: DECLARATION AND AGREEMENT

Please read the Declaration and Personal Data Agreement carefully before you sign the application form.

SECTION VI: PAYMENT DETAILS

1. Please enclose an application fee of HK\$500 and appropriate first year certification fee (see point 4 & 5, in which, 5% will be contributed to IFPHK building fund) with this application.
2. The certification period ends by the end of each calendar year. If your application is successful, the first year certification fee will cover from the date of your approval to 31 December of the same year.
3. The renewal date is 1 January each year.
4. If you apply between January and June, please pay HK\$1,300 for the first year certification fee (valid up to 31 December).
5. If you apply between July and December, please pay HK\$650 for the first year certification fee (valid up to 31 December).
6. If your application is unsuccessful, the certification fee will be refunded to you in due course.
Application fee is non-refundable.

CHECKLIST

Please go through the checklist carefully and return it with your application form.

ACKNOWLEDGEMENT OF RECEIPT

1. Application form submitted by mail or by courier: acknowledgement of receipt sent by email.
2. Application form submitted in person: acknowledgement of receipt provided during the time of submission.

APPENDIX 1 – DEFINITION OF QUALIFIED WORK EXPERIENCE

Qualified experience is the active use of knowledge and skill to provide¹ or teach² comprehensive financial planning advice to clients³ in accordance with IFPHK's Six Steps of Financial Planning Process (see TABLE 1).

Six Steps of Financial Planning Process		Including.....
1. Establishing client-planner relationships	→	explaining the issues and concepts related to the personal financial planning process
2. Gathering client data and determining goals and expectations	→	interviewing or questioning the client about various aspects of his or her financial resources, obligations and expectations; determining your client's goals, needs and priorities; assessing your client's values and attitudes; and determining the client's time horizons and risk tolerance; collecting applicable client records and documents
3. Determining the client's financial status by analysing and evaluating client's information	→	analyzing and evaluating client data such as current cash flow needs, risk management, investments, taxes, retirement, employee benefits, estate planning and/or special needs
4. Developing and presenting the financial plan	→	presenting and reviewing the plan with the client; working with the client to ensure that the plan meets his or her goals and expectations, and revising the recommendations as necessary
5. Implementing the financial plan	→	coordinating with other professionals, such as accountants, attorneys, real estate agents, investment advisers, stock brokers and insurance agents
6. Monitoring the financial plan	→	discussing with the client any changes in his or her personal circumstances, evaluating changing tax laws, and making recommendations based on new or changing conditions

TABLE 1. IFPHK Six Steps of Financial Planning Process

¹ Directly supporting the delivery of comprehensive financial planning advice to clients may not be 100% recognized as qualified experience. Recognition is based on IFPHK's absolute sole discretion.

² For experience of teaching IFPHK Registered AFP Certification Education Program / CFP Certification Education Program or Program with IFPHK pre-approved transcript review status, all experience gained within the valid time period will be considered. As for other teaching experience (teaching finance related classes at degree or above level), all experience gained within the valid time period will be considered but there is a limit to the qualified work experience granted (a maximum of two years of qualified work experience could be granted and the rest of qualified work experience must be gained from other recognized works).

³ "Clients" are individuals/corporations who/which engage a financial planning professional and for whom/which professional services are rendered. Pro-bono experience may be recognized, provided that there are clients AND you are acting as a financial planning professional who is capable and qualified to offer objective and comprehensive financial advice to or for the benefit of clients for achieving their financial planning objectives.

APPENDIX 2 – SAMPLE RESUME

Resume

Name: Wong Siu Ming Roy

Employment period		Company & Dept	Position	Job Duties
From (mm/yyyy)	To (mm/yyyy)			
03/2015	06/2018	Tai Fat Bank Limited Western Branch, Sales & Distribution Department	Customer Relationship Manager	1. 2. 3. 4. 5. 6.
09/2013	03/2015	Tai Fat Bank Limited Southern Branch, Sales & Distribution Department	Customer Relationship Officer	1. 2. 3. 4. 5. 6.

APPENDIX 3 – SAMPLE OF SECTION IV: EXPERIENCE

[Make copies of this section and fill in]

SECTION IV: EXPERIENCE

If you have several positions in the same / different companies, please make copies of this page and fill in separate pages to specify the details in each position

Position Held (Job Title) Customer Relationship Manager	Department Western Branch, Sales & Distribution Department
Name of Employer (Name of Company) Tai Fat Bank Limited	
Description of Job Duties (1) establishing client-planner relationships, (2) gathering client data and determining goals and expectations, (3) determining the client's financial status by analyzing and evaluating client's information, (4) developing and presenting the financial plan, (5) implementing the financial plan, (6) monitoring the financial plan	
Period of Employment from <u>3/2015</u> (MM/YY) to <u>6/2018</u> (MM/YY)	Work Experience <u>3</u> year(s) <u>3</u> months
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Total no. of work hours claimed over the above period – _____ hours)	
Licence/Registration hold at this position (licence/registration no.) [SFC: <u>AB0000</u>] [HKMA: <u>123789</u>] [IA / HKFI / CIB / FIBA: <u>JA9999</u>] [MPFA: _____]	

MUST be provided

An updated **resume** must be attached with detailed description of job duties and service period in each position

Job Relevancy (If it is a position of teacher/course instructor, please go to the next part below)

1. Daily work relates to provision of one or more of the six primary elements of the personal financial planning process <input checked="" type="checkbox"/> Yes <i>Estimated</i> <u>100</u> % <input type="checkbox"/> No (the work experience will not be considered)	2. Daily work involves face to face contact with clients <input checked="" type="checkbox"/> Yes <i>Estimated</i> <u>70</u> % <input type="checkbox"/> No	
3. Type of clients <input checked="" type="checkbox"/> Individual <i>Estimated</i> <u>80</u> % <input checked="" type="checkbox"/> Institutional <i>Estimated</i> <u>20</u> % (sum to 100%)	4. Type of products recommended <input checked="" type="checkbox"/> Life Insurance <i>Estimated</i> <u>60</u> % <input checked="" type="checkbox"/> Investment-linked Insurance <i>Estimated</i> <u>20</u> % <input checked="" type="checkbox"/> Securities/unit trusts <i>Estimated</i> <u>20</u> % <input type="checkbox"/> Tax planning <i>Estimated</i> _____ % <input type="checkbox"/> Others (please specify: _____) <i>Estimated</i> _____ % (sum to 100%)	5. Type of advice provided <input checked="" type="checkbox"/> Insurance planning <i>Estimated</i> <u>60</u> % <input checked="" type="checkbox"/> Investment planning <i>Estimated</i> <u>40</u> % <input type="checkbox"/> Employee benefits <i>Estimated</i> _____ % <input type="checkbox"/> Tax planning <i>Estimated</i> _____ % <input type="checkbox"/> Retirement planning <i>Estimated</i> _____ % <input type="checkbox"/> Estate planning <i>Estimated</i> _____ % <input type="checkbox"/> Comprehensive financial planning <i>Estimated</i> _____ % (sum to 100%)

Certified by Direct Supervisor / Member of Senior Management / Human Resources Manager

(i) Teaching or instructing a registered AFP [™] certification / CFP [™] certification education program <input type="checkbox"/> Yes. Program name: _____ <input checked="" type="checkbox"/> No	(ii) Teaching or instructing finance related classes <input type="checkbox"/> Yes <i>Estimated</i> _____ % <input checked="" type="checkbox"/> No
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Declaration for Work Experience

Declaration by (Please print name):
 Direct Supervisor Human Resources Manager
 Member of Senior Management Third-party Product Provider

I hereby certify that I have known the applicant for 5 years, and that ALL work experience information provided by the applicant in Section IV is accurate to my knowledge.
 I understand that IFPHK staff may contact me if they need to obtain more information about the work experience of the Applicant.

Signature: David Chan Date: 2018.10.19

Provide contact information of the certifier

Name Mr. Chan Tai Man David	Contact Information 2222 3456 (Phone) davidchan@taifatbank.com (Email address)
Company Tai Fat Bank Limited	Position and Department Branch Manager, Western Branch

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For Official Use Only				
Name			Ref No.	
Date Received	Completed with all info	Payment Confirmed	Evaluation	Approval
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Follow up/Remarks:				

APPLICATION DETAILS

*** Please read the APPLICATION INSTRUCTIONS before filling in this application form ***

SECTION I: PERSONAL PARTICULARS

Note: if you already have examination / membership record(s) kept in the IFPHK, related personal data in your examination / membership records will also be updated with the information provided in this form.

Contact Details	
HKID Card/Passport No. <small>(as printed on ID card/passport)</small>	IFPHK Candidacy No.
Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Chinese Name <small>(if applicable & as printed on ID card/passport)</small>
Surname <small>(as printed on ID card/passport)</small>	Given Name <small>(as printed on ID card/passport)</small>
Date of Birth <small>(DD/MM/YYYY)</small>	Phone Number <small>(Mobile) (Office) (Home)</small>
Correspondence Address -----	
Email Address ¹	

¹ Acknowledgement of receipt and other regular communications from the IFPHK will be emailed to the address provided.

Employment Details		
Current Employer		
Current Position		
Employer Code ² C	Industry Code ² I	Current Earnings ² E
Experience in Financial Services Industry <small>(years)</small>	Disclosure of Certification status to Employer <small>(Please refer to Point 3 of the Personal Data Agreement in SECTION V: DECLARATION & AGREEMENT)</small>	

² Compulsory field to be filled in for statistical purpose. Please refer to the Code Tables on Page 2 of the APPLICATION INSTRUCTIONS.

Licences in Hong Kong <small>(Please select the organizations with which you CURRENTLY have a registration.)</small>	
Investment	<input type="checkbox"/> Securities and Futures Commission (SFC) <input type="checkbox"/> Hong Kong Monetary Authority (HKMA)
Insurance	<input type="checkbox"/> Insurance Authority (IA)
MPF	<input type="checkbox"/> Mandatory Provident Fund Schemes Authority (MPFA)

SECTION I: PERSONAL PARTICULARS (CONTINUED)

Professional Qualification outside IFPHK (Please select the qualifications you are holding ACTIVE.)

Listed under "Fast-track to CFP Certification"

List A	<input type="checkbox"/> Associate of the Hong Kong Institute of Bankers (AHKIB)	<input type="checkbox"/> Fellow, Financial Services Institute (FFSI)
	<input type="checkbox"/> Chartered Insurance Agency Manager (CIAM)	<input type="checkbox"/> Fellow, Life Management Institute (FLMI)
	<input type="checkbox"/> Chartered Wealth Manager (CWM)	<input type="checkbox"/> LUTCF Fellow (LUTCF)
	<input type="checkbox"/> Fellow, Australian and New Zealand Institute of Insurance and Finance (ANZIIF (Fellow))	<input type="checkbox"/> Society of Registered Financial Planners (HKRFP)
List B	<input type="checkbox"/> Certified Financial Management Planner (CFMP)	<input type="checkbox"/> Fellow Chartered Financial Practitioner (FChFP)
	<input type="checkbox"/> Chartered Financial Consultant (ChFC)	<input type="checkbox"/> Financial Risk Manager (FRM)
	<input type="checkbox"/> Chartered Life Underwriter (CLU)	
List D	<input type="checkbox"/> Associate / Fellow of Association of Chartered Certified Accountants (ACCA/FCCA)	<input type="checkbox"/> Chartered Accountant (CA) (Australia, Canada, England and Wales, Ireland, New Zealand, Scotland, South Africa, Zimbabwe)
	<input type="checkbox"/> Associate / Fellow of Association of International Accountants (AAIA/FAIA)	<input type="checkbox"/> Chartered Financial Analyst (CFA)
	<input type="checkbox"/> Associate / Fellow of Chartered Institute of Management Accountants (ACMA/FCMA)	<input type="checkbox"/> Fellow of Chartered Insurance Institute (FCII)
	<input type="checkbox"/> Certified General Accountant (CGA)	<input type="checkbox"/> Fellow of the Society of Actuaries (FSA)
	<input type="checkbox"/> Certified Management Accountant (CMA) (Australia, Canada & US)	<input type="checkbox"/> Members of Chartered Institute of Public Finance and Accountancy (CPFA)
	<input type="checkbox"/> Certified Public Accountant / Certified Practising Accountant (CPA/FCPA) (Australia, Hong Kong, US)	<input type="checkbox"/> Members of Hong Kong Bar Association
		<input type="checkbox"/> Members of Hong Kong Law Society

Other qualifications

Preference (Please select at most one option on each item)

Renewal channel	<input type="checkbox"/> Online renewal (default)	<input type="checkbox"/> Form renewal
Receiving publications	<input type="checkbox"/> Online publications (default)	<input type="checkbox"/> Printed publications
Language of communication	<input type="checkbox"/> English (default)	<input type="checkbox"/> Chinese

IFPHK may use email, mail or SMS to offer members and let them know about the availability of examinations, education programs, memberships, conferences, events, research and products and services.

Pursuant to the Personal Data (Privacy) Ordinance, if you do not want to receive these messages from the IFPHK, please "tick" here.

SECTION II: EDUCATION

Education Details

Highest Academic Qualification	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Tertiary Education	Award Year
	<input type="checkbox"/> Master Degree	<input type="checkbox"/> Secondary or below	
	<input type="checkbox"/> Bachelor Degree		
Qualification Awarded			
Name of College / University			

SECTION III: EXAMINATION

CFP Certification Examination (Foundation Level)

I have passed my CFP Certification Examination (Foundation Level) on _____ (Exam Date).
(MM/YYYY)

[Make copies of this section and fill in separate sheet for each position]

SECTION IV: EXPERIENCE

Position Held (Job Title)		Department	
Name of Employer (Name of Company)			
Description of Job Duties			
Period of Employment		Work Experience	
from _____ (MM/YY) to _____ (MM/YY)		_____ year(s) _____ month(s)	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Total no. of work hours claimed over the above period = _____ hours)			
Licence/Registration hold at this position (licence/registration no.)			
[SFC: _____]	[HKMA: _____]	[IA / HKFI / CIB / PIBA _____]	[MPFA _____]

Job Relevancy (if it is a position of teacher/course instructor, please go to the next part below)

1. Daily work relates to provision of one or more of the six primary elements of the personal financial planning process			<input type="checkbox"/> Yes Estimated _____%	<input type="checkbox"/> No (the work experience will not be considered)
2. Daily work involves face to face contact with clients			<input type="checkbox"/> Yes Estimated _____%	<input type="checkbox"/> No
3. Type of clients	4. Type of products recommended	5. Type of advice provided		
<input type="checkbox"/> Individual Estimated _____%	<input type="checkbox"/> Life insurance Estimated _____%	<input type="checkbox"/> Insurance planning Estimated _____%		
<input type="checkbox"/> Institutional Estimated _____%	<input type="checkbox"/> Investment-linked insurance Estimated _____%	<input type="checkbox"/> Investment planning Estimated _____%		
(sum to 100%)	<input type="checkbox"/> Securities/unit trusts Estimated _____%	<input type="checkbox"/> Employee benefits Estimated _____%		
	<input type="checkbox"/> Tax planning Estimated _____%	<input type="checkbox"/> Tax planning Estimated _____%		
	<input type="checkbox"/> Others (please specify: _____) Estimated _____%	<input type="checkbox"/> Retirement planning Estimated _____%		
	(sum to 100%)	<input type="checkbox"/> Estate planning Estimated _____%		
		<input type="checkbox"/> Comprehensive financial planning Estimated _____%		
		(sum to 100%)		

Teacher/Course Instructor

(i) Teaching IFPHK registered AFP® certification / CFP® certification education program	<input type="checkbox"/> Yes. Program name: _____	<input type="checkbox"/> No
(ii) Teaching other finance related classes	<input type="checkbox"/> Yes Estimated _____%	<input type="checkbox"/> No

Declaration for Work Experience

Declaration by (Please select)		<input type="checkbox"/> Direct Supervisor	<input type="checkbox"/> Human Resources Manager
		<input type="checkbox"/> Member of Senior Management	<input type="checkbox"/> Third-party Product Provider
I hereby certify that I have known the applicant for _____ years, and that ALL work experience information provided by the applicant in SECTION IV is accurate to my knowledge.			
I understand that IFPHK staff may contact me if they need to obtain more information about the work experience of the Applicant.			
Signature _____		Date _____	
Name		Contact Information	
		(Phone)	(Email address)
Company		Position and Department	

SECTION V: DECLARATION & AGREEMENT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of any offence other than a minor traffic or littering offence in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or have you ever been declared bankrupt in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused membership of a statutory body or other professional body (including but not limited to SFC, HKMA, HKFI, HKCIB, PIBA, MPFA) in respect of your professional capacity in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been refused professional indemnity insurance in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been subject to disciplinary proceedings or expelled by a statutory body or other professional body (including but not limited to SFC, HKMA, HKFI, HKCIB, PIBA, MPFA) in respect of your professional capacity in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any other matters that may impact on IFPHK's consideration of your application?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

1. If you have answered "YES" to any of the above questions, please attach all relevant documents relating to the matters at issue.
2. AFP Certificant has the obligation to cooperate fully in IFPHK investigation (if any) in relation to his / her declaration above.

Personal Data Agreement

1. I explicitly consent that any personal information (personal data) from time to time collected or held by IFPHK (whether contained in this application or obtained otherwise) is provided and may be held, used, processed and/or disclosed (i) in accordance with and for the purpose outlined in the Data Privacy Statement herein, and/or (ii) to permit and enable IFPHK to:
 - a. fully and fairly process my application,
 - b. disclose any personal data where IFPHK has an obligation to make such disclosure under the requirements of any law binding on IFPHK,
 - c. disclose to the public my certification status, date of certification, professional standing and history of disciplinary actions as a AFP certificant and the date of my ceasing to be a AFP certificant (if applicable),
 - d. use my personal data to compile statistics and analyse the results wholly for use within IFPHK,
 - e. disclose my personal data to the Financial Planning Standards Board Ltd. and its affiliate members for statistical purpose or certification / cross-border certification related purpose.
2. I understand that I may refuse to provide personal data as requested in the application or otherwise, but such refusal, or the provision of inaccurate personal data may result in IFPHK being unable to or refusing to process this application.
3. I agree that IFPHK may disclose my AFP certification status to my employer (being the entity with which I have an employment, agency or similar contractual obligation, and/or the holding companies, subsidiary companies or associated members of such entity) [that is kept in the IFPHK record] upon their request.

Yes No
4. I understand that I have the right to check whether IFPHK holds personal data about me and that, if so, I have a right of access to my personal data. I can request IFPHK to correct any inaccurate personal data and if I need to obtain a copy of my personal data or have it corrected, I can write to the Operations Department of IFPHK. I understand that IFPHK is permitted by law to charge a reasonable fee for the processing of any data access request.

By my signature below,

- (i) I understand and agree to comply with all conditions, requirements, policies and procedures for the AFP Certification Program established by IFPHK as may be amended from time to time. I understand that such conditions, requirements, policies and procedures consist of all materials relevant to the AFP Certification Program including but not limited to IFPHK's Memorandum and Article of Association, IFPHK's Disciplinary Rules and Procedures, and IFPHK's Code of Ethics and Professional Responsibility and any conditions, requirements, policies and procedures that IFPHK may establish and/or amend from time to time.
- (ii) I understand and agree that in consideration of IFPHK granting me the rights to use the AFP Trademarks, I shall observe and adhere to the Guide to Use of the AFP Trademarks and shall indemnify IFPHK and FPSB for all liability, loss and damages, costs, legal costs, professional costs and expenses of whatsoever nature incurred or suffered by FPSB or IFPHK whether direct or consequential arising out of, or as a result of, my, or my permitting the, misuse of the Marks otherwise than strictly in accordance with the Guide to Use of the AFP Trademarks.
- (iii) I understand and agree that IFPHK may enforce the conditions, requirements, policies and procedures as mentioned in (i) above against me and may reject, suspend or terminate my right to use the AFP Trademarks (if granted) at any time, for my failure to satisfactorily meet any such conditions, requirements, policies and procedures.
- (iv) I understand that the rights to use the AFP Trademarks are granted by IFPHK to me personally. I understand that my AFP certification is limited to a fixed period of time. At the end of the period, if my certification is not renewed, it expires immediately and any right to use the AFP Trademarks will terminate upon expiration of the certification. If I fail to comply with AFP certification renewal requirements, I agree to cease use of the AFP Trademarks immediately. I understand that the IFPHK may relinquish any rights I have in the use of AFP Trademarks if I fail to maintain certification status.
- (v) I understand and agree that fees paid pursuant to my application are non-refundable and non-transferable.
- (vi) I understand that upon successful application for AFP[®] Certification / Re-certification with the IFPHK, the IFPHK will grant me a complimentary associate membership under IFPHK's Articles of Association. I understand that I may withdraw my IFPHK membership by sending a written request to the Operations Department of IFPHK.
- (vii) I understand and agree to the above Personal Data Agreement.
- (viii) I declare that the information contained in my application is truthful and complete, and I agree to notify IFPHK of any material changes to my responses to any of the questions in this application, including my contact details. I understand and agree that IFPHK may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary actions for any misrepresentation (whether fraudulent or otherwise) in this application.

Signature _____

Date _____

SECTION VI: PAYMENT DETAILS

Payment enclosed:

HK\$1,800 (apply between January and June)

HK\$1,150 (apply after 1 July)

Payment Method:

Payment by cheque to: "IFPHK Ltd." (Bank _____ Cheque No. _____)

Bank Transfer / Deposit ¹

Account Information

Bank : The Hong Kong and Shanghai Banking Corporation (HSBC)

Bank Code : 004

Account No. : 002-8-414118

Account Name : The Institute of Financial Planners of Hong Kong Limited

¹ Please attach a copy of the transfer / bank-in slip with this application form

For Official Use Only		
Name of applicant	Ref No.	Remarks

CHECKLIST FOR APPLICANTS

Please note that applications not substantiated by the required supporting documents will delay the processing procedures. Before submitting your application, you are reminded to ensure that all documents are in order. The following checklist is to assist you in completing the application and preparing the supporting documents. Please complete and return it with your application form.

Please check and ensure the information / documents you have checked / submitted by putting a tick "✓" in the appropriate boxes below:

Information / documents to be checked and submitted by ALL applicants

- All information is filled out properly.
- Application form is completed, signed and dated.
- Certified True Copies of your HKGEE / HKDSE certificate OR university transcript(s) are attached.
- Your updated resume is attached.
- Licence registration record is attached.
- Payment form is completed. For payment by cheque, a crossed cheque made payable to "IFPHK Ltd." is attached. For payment by bank transfer / deposit, please attach a copy of the transfer / bank-in slip with this application form.

ACKNOWLEDGEMENT OF RECEIPT

For AFP® Certification Application Form Submitted in Person

To: _____ (Please fill in your full name)

We hereby acknowledge the receipt of your AFP® Certification Application Form.

For your information, the processing time for this application will be around 6 to 8 weeks. During this period, IFPHK may contact you regarding supplementary information to ensure a smooth process.

If you have any concerns, issues or further queries regarding the AFP® Certification application, please contact us by email at cert@ifphk.org.

Institute of Financial Planners of Hong Kong

Date