





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).
- 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)

1	Theade the greap that your durink ompleyer 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	CMB 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	CTF Life		
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 **I**1)

		· '			
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.
- 2. 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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AFP® CERTIFICATION

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® 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® / CFP®
 - 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 coving 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\$1,400 for the first year certification fee (valid up to 31 December).
- 5. If you apply between July and December, please pay HK\$700 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.

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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
Establishing client-planner relationships	explaining the issues and concepts related to the personal financial planning process
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
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
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.

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APPENDIX 2 – SAMPLE RESUME

Resume

Name: Wong Siu Ming Roy

Employment period		Commons & Dont	Danisian	lab Budlas	
From (mm/yyyy)	To (mm/yyyy)	Company & Dept	Position	Job Duties	
03/2020	06/2024	Tai Fat Bank Limited Western Branch, Sales & Distribution Department	Customer Relationship Manager	1. 2. 3. 4. 5. 6.	
09/2018	02/2020	Tai Fat Bank Limited Southern Branch, Sales & Distribution Department	Customer Relationship Officer	1. 2. 3. 4. 5. 6.	

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APPENDIX 3 – SAMPLE OF SECTION IV: EXPERIENCE

	[Make copies of this section and fill	If you have several positions in the same / different		
	Section IV: Experience	companies, please make copies of this page and fill in separate pages to specify the details in each position		
	Position Held (Job Title)	Department Department		
	Customer Relationship Manager	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) gathe	ring client data and determining goals and		
MUST be provided	expectations, (3) determining the client's financial sta (4) developing and presenting the financial plan, (5) in financial plan	tus by analyzing and evaluating client's information, mplementing the financial plan, (6) monitoring the		
	Period of Employment	Work Experience		
	from 3/2018 (MM/YY) to 6/2024 (MM/YY)	4		
	☐ Full-time ☐ Part-time (Total no. of work hours claimed ov	ver the above period =hours) An updated resume		
	Licence/Registration hold at this position (licence/registration			
	[SFC: AB0000] [HKMA: 123789]	detailed description of job duties and service		
		period in each position		
	Job Relevancy (if it is a position of teacher/course instructor, ple	ease go to the next part below)		
	Daily work relates to provision of one or more of the six primary elements of the personal financial planning process	Yes No (the work experience Estimated 100 % will not be considered)		
	Daily work involves face to face contact with clients	▼ Yes □ No		
	Type of clients	Estimated 70 % recommended 5. Type of advice provided		
	✓ Individual ✓ Life insurance	✓ Insurance planning		
	Estimated 80 Sestimated	60 \ % Estimated 60 \ %		
	✓ Institutional Estimated 20 1 Investment-linker Estimated			
	(sum(o 100%) ✓ Securities/unit tru	usts 20 \ D Employee benefits		
	Estimated □ Tax planning	% Estimated %		
	Estimated	% Estimated%		
	☐ Others (please s	pecify: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Estimated	% □ Estate planning		
	/ Direct Supervisor /	(sur (to 100%) Estimated		
	Senior Management / sources Manager	Estimated		
Tramarrito	Sources Manager	(sum(o 100%)		
	Teacher/C vctor			
	(I) Teaching gistered AFP® certification /	☐ Yes. Program name: 💆 No		
	CFP® cert ducation program (II) Teaching of certain ducation program (II) Teaching of certain ducation program	() Yes ☑ No		
		Estimated%		
	Declaration for Work Prience Tip Direct Supervisor	☐ Human Resources Manager		
	Declaration by (Please) (1) Member of Senior Manager	nent		
	I hereby certify that I hav applicant for 5 yea applicant in Section IV is curate to my knowledge.	rs, and that ALL work experience information provided by the		
	I understand that IFPHK sta may contact me if they need to ob Applicant.	tain more information about the work experience of the Provide contact information of the certifier		
	Signature David Chan	Date		
	Name	Contact Information		
	Mr. Chan Tai Man David	2222 3456 davidchan@taifatbank.com		
	Company	Position and Department		
	Tai Fat Bank Limited	Branch Manager, Western Branch		

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AFP® CERTIFICATION APPLICATION FORM



For Official Use Only					
Ref No.					
Date Received	Payment Confirmed	Approval			
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 D)etails						
ID Card/F	assport No	0.			IFPHK Candidacy N	lo.	
			(as p	rinted on ID card/passport)			
Title	☐ Dr	☐ Mr	☐ Ms	Chinese Name			
	■ Mrs	■ Miss				(if applicable & as printe	ed on ID card/passport)
Surname				Given Name		(
		printed on ID o	card/passport)			(as printe	ed on ID card/passport)
Date of B	irth			Phone Number			
_			D/MM/YYYY)		(Mobile)	(Office)	(Home)
Correspo	ndence Ad	adress					
Email Ad	dress 1						
4							
¹ Acknowledgement of receipt and other regular communications from the IFPHK will be emailed to the address provided.							
	ent Details						
Current E	mployer						
Current F	Position						
Ourienti	OSILIOII						
Employe	r Code ²			Industry Code ²		Current Earnings ²	
	C	ı		•	[E	
						_	
Experience in Financial Services Industry			fication status to Emplo int 3 of the Personal Da				
				(years)		RATION & AGREEMENT)	ata Agreement in
						,	
		be filled i	in for statis	tical purpose. Pleas	e refer to the Code T	ables on Page 2 of the	APPLICATION
INSTRU	INSTRUCTIONS.						

Licences in Hong Kong (Please select the organizations with which you CURRENTLY have a registration.)			
Investment	☐ Securities and Futures Commission (SFC)		
mvestment	☐ Hong Kong Monetary Authority (HKMA)		
Insurance	☐ Insurance Authority (IA)		
MPF	☐ Mandatory Provident Fund Schemes Authority (MPFA)		

SECTION	ON I: PERSONAL PARTICULARS (CONTINUED						
Profession	onal Qualification outside IFPHK (Please select the qualification	ations you are holding ACTIVE.)					
Listed un	der "Fast-track to CFP Certification"						
List A	 □ Associate of the Hong Kong Institute of Bankers (AHKIB) □ Chartered Insurance Agency Manager (CIAM) □ Chartered Wealth Manager (CWM) □ Fellow, Australian and New Zealand Institute of 	 □ Fellow, Financial Services Institute (FFSI) □ Fellow, Life Management Institute (FLMI) □ LUTCF Fellow (LUTCF) □ Society of Registered Financial Planners (HKRFP) 					
List B	Insurance and Finance (ANZIIF (Fellow)) ☐ Certified Financial Management Planner (CFMP) ☐ Chartered Financial Consultant (ChFC) ☐ Chartered Life Underwriter (CLU)	☐ Fellow Chartered Financial Practitioner (FChFP) ☐ Financial Risk Manager (FRM)					
List D	 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 (CMA) (Australia, 						
Other qua	Canada & US) Certified Public Accountant / Certified Practising Accountant (CPA/FCPA) (Australia, Hong Kong, US alifications	 □ Members of Hong Kong Bar Association □ Members of Hong Kong Law Society 					
Preference	ce (Please select at most one option on each item)						
Renewal	channel □ Online renewal (default)	☐ Form renewal					
Receivin	g publications ☐ Online publications (default)	☐ Printed publications					
Languag	Language of communication ☐ English (default) ☐ Chinese						
programs	s, memberships, conferences, events, research and product to the Personal Data (Privacy) Ordinance, if you do not wa	em know about the availability of examinations, education ts and services. Int to receive these messages from the IFPHK, please "tick"					
SECTION	ON II: EDUCATION						
Education	n Details						
	Academic Qualification Doctoral Degree Master Degree Degree Degree Tertiary Education Decompanies Secondary or below	Award Year					
Qualifica	ation Awarded						
Name of	College / University						
SECTION	ON III: EXAMINATION						
CFP Cer	tification Examination (Foundation Level)						
I have p	assed my CFP Certification Examination (Foundation	n Level) on (Exam Date).					

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

SECTION IV: EXPERIENCE

B 20 H 11 (1 () = ()	
Position Held (Job Title)	Department
Name of Employer (Name of Company)	
Description of Job Duties	
bescription of too buttes	
Period of Employment	Work Experience
from (MM/YY) to (MM/	·
	/YY)year(s)month(s) aimed over the above period =hours)
Licence/Registration hold at this position (licence/regi	· · · · · · · · · · · · · · · · · · ·
[SFC:] [HKMA:] [IA:] [MPFA:]
Job Relevancy (if it is a position of teacher/course instru	
Daily work relates to provision of one or more of the si primary elements of the personal financial planning properties.	
2. Daily work involves face to face contact with clients	☐ Yes ☐ No Estimated%
3. Type of clients 4. Type of pr	roducts recommended 5. Type of advice provided
☐ Individual ☐ Life insura Estimated% Estimated	rance Insurance planning Estimated 9
☐ Institutional ☐ Investment	nt-linked insurance
Estimated% Estimated% Securities	d%
Estimated	d%
☐ Tax planr Estimated	ning
Others (p	please specify: ☐ Retirement planning Estimated
Estimated	d% □ Estate planning
	☐ Comprehensive financial planning
	Estimated% (sum to 100%)
Teacher/Course Instructor (i) Teaching IFPHK registered AFP® certification /	☐ Yes. Program name: ☐ No
CFP® certification education program	
(ii) Teaching other finance related classes	☐ Yes ☐ No Estimated%
Declaration for Work Experience	☐ Human Resources Manager
Declaration by (Please select) Member of Senior M	· · · · · · · · · · · · · · · · · · ·
I hereby certify that I have known the applicant for applicant in SECTION IV is accurate to my knowledge.	years, and that ALL work experience information provided by the
I understand that IFPHK staff may contact me if they nee Applicant.	ed to obtain more information about the work experience of the
Signature	Date
Name	Contact Information
Company	(Phone) (Email address) Position and Department

S	ECTION 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:		
2.	Are you or have you ever been declared bankrupt in Hong Kong or elsewhere? If "yes", please specify:		
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:		
4.	Have you ever been refused professional indemnity insurance in Hong Kong or elsewhere? If "yes", please specify:		
5.	Have you ever been imposed disciplinary measure (including but not limited to revocation or partial revocation of license, suspension or partial suspension of license, pecuniary penalty, public reprimand, private reprimand) by a statutory body or professional body (including but not limited to SFC, HKMA, IA, MPFA)? If "yes", please specify:		
6.	Are you aware of any other matters that may impact on IFPHK's consideration of your application? If "yes", please specify:		
No	tes:		
1. 2.	If you have answered "YES" to any of the above questions, please attach all relevant documents relating to the matter AFP Certificant has the obligation to cooperate fully in IFPHK investigation (if any) in relation to his / her declaration a resonal Data Agreement I explicitly consent that any personal information (personal data) from time to time collected or held by IFPHK (whether capplication or obtained otherwise) is provided and may be held, used, processed and/or disclosed (i) in accordance with and outlined in the Data Privacy Statement herein, and/or (ii) to permit and enable IFPHK to: a. fully and fairly process my application,	bove.	in this
	 b. disclose any personal data where IFPHK has an obligation to make such disclosure under the requirements of any IFPHK, c. disclose to the public my certification status, date of certification, professional standing and history of disciplinary a certificant and the date of my ceasing to be a AFP certificant (if applicable), 		Ü
	 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 statist certification / cross-border certification related purpose. 	ical purpo	ose or
2.	I understand that I may refuse to provide personal data as requested in the application or otherwise, but such refusal, or inaccurate personal data may result in IFPHK being unable to or refusing to process this application.	the provis	sion of
3.	I agree that IFPHK may disclose my AFP certification status to my employer (being the entity with which I have an employe similar contractual obligation, and/or the holding companies, subsidiary companies or associated members of such entity) [the IFPHK record] upon their request. 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 personal data. I can request IFPHK to correct any inaccurate personal data and if I need to obtain a copy of my personal corrected, I can write to the Operations Department of IFPHK. I understand that IFPHK is permitted by law to charge a real the processing of any data access request.	data or h	nave it
By (i)	my signature below, I understand and agree to comply with all conditions, requirements, policies and procedures for the AFP Certification Prog by IFPHK as may be amended from time to time. I understand that such conditions, requirements, policies and procedur materials relevant to the AFP Certification Program including but not limited to IFPHK's Memorandum and Article of Asso Disciplinary Rules and Procedures, and IFPHK's Code of Ethics and Professional Responsibility and any conditions, requir	es consis ciation, IF	t of all PHK's
(ii)	and procedures that IFPHK may establish and/or amend from time to time. I understand and agree that in consideration of IFPHK granting me the rights to use the AFP Trademarks, I shall observe at Guide to Use of the AFP Trademarks and shall indemnify IFPHK and FPSB for all liability, loss and damages, cosprofessional costs and expenses of whatsoever nature incurred or suffered by FPSB or IFPHK whether direct or consequent or as a result of, my, or my permitting the, misuse of the Marks otherwise than strictly in accordance with the Guide to	nd adhere sts, legal ial arising	to the costs, out of,
(iii)	and may reject, suspend or terminate my right to use the AFP Trademarks (if granted) at any time, for my failure to satisfa		
(iv)	such conditions, requirements, policies and procedures. I understand that the rights to use the AFP Trademarks are granted by IFPHK to me personally. I understand that my AF limited to a fixed period of time. At the end of the period, if my certification is not renewed, it expires immediately and any AFP Trademarks will terminate upon expiration of the certification. If I fail to comply with AFP certification renewal requirem cease use of the AFP Trademarks immediately. I understand that the IFPHK may relinquish any rights I have in the use of A if I fail to maintain certification status.	right to u nents, I ag	se the gree to
(v) (vi)	I understand and agree that fees paid pursuant to my application are non-refundable and non-transferable.		
) I declare that the information contained in my application is truthful and complete, and I agree to notify IFPHK of any materia responses to any of the questions in this application, including my contact details. I understand and agree that IFPHK may statements I have made with respect to this application, and that I may be subject to disciplinary actions for any misreprese fraudulent or otherwise) in this application.	/ investiga	ate the
Sig	gnature Date		

SECTION VI: PAYMENT DETAIL	LS		
Payment enclosed:			
□ HK\$1,900 (apply between Jar	nuary and June)	HK\$1,200 (ap	oply 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			
Account Name : The institute of Financial Flamine's of Floring Rong Elimited			
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	
		1	
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 "\sqrt" 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 HKCEE / 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 Hor		Date	