



AFP™ Certification Reinstatement Form

Form validity	Throughout 2018
Applicable to	Former AFP Certificants who have not renewed since year 2017 or year 2018

Name of Applicant: _____ Former AFP™ Certificant No.: **AFPHK** _____

Section A: Reinstatement Requirements (Please put a “√” at the appropriate box)

Applicants need to meet the respective reinstatement requirements:



For certification not successfully renewed since year 2017

- a) Complete this reinstatement form and submit it **together** with a completed AFP™ Certification Renewal Application Form for Year 2018 to IFPHK.
- b) Pay the amount of HK\$2,800 to IFPHK, which includes:

Annual certification fee for year 2017	HK\$1,100*
Annual certification fee for year 2018	HK\$1,100†
2 nd year reinstatement fee	HK\$600

- c) Complete 30 credits of continuing education for 2017 and 2018 certification renewal, which must include at least 4 credits on compliance or ethics (*Applicant who was granted the AFP certification on or after 1 July 2016 needs to complete 22.5 CE credits, which must include at least 3 credits on compliance or ethics*).
- d) Continue to adhere to IFPHK’s Code of Ethics and Professional Responsibility.

For certification not successfully renewed since year 2018

- a) Complete this reinstatement form and submit it **together** with a completed AFP™ Certification Renewal Application Form for Year 2018 to IFPHK.
- b) Pay the amount of HK\$1,400 to IFPHK, which includes:

Annual certification fee for year 2018	HK\$1,100†
1 st year reinstatement fee	HK\$300

- c) Complete 15 credits of continuing education for 2018 certification renewal, which must include at least 2 credits on compliance or ethics (*Applicant who was granted the AFP certification on or after 1 July 2017 needs to complete 7.5 CE credits, which must include at least 1 credit on compliance or ethics*).
- d) Continue to adhere to IFPHK’s Code of Ethics and Professional Responsibility.

* 15% of annual certification fee(s) will be contributed to IFPHK building fund

† 5% of annual certification fee will be contributed to IFPHK building fund

Section B: Mark Usage and Continuing Education Declaration

(Please skip Section TWO of the AFP™ Certification Renewal Application Form for Year 2018)

This is to declare that

- a) I have read and agree to follow the *Guide to Use of the AFP™ Marks* which is available at the AFP™ Certificant Manual; and
- b) I understand the CE requirement and obligations of an AFP™ certificant, and an associate member of IFPHK (if applicable) as specified by IFPHK

and that I have met the obligations of the proper usage of the AFP trademarks and CE requirement for certification reinstatement. **The CE attendance records and supporting documentary evidence are attached herewith for the Institute’s reference and record.**



Signature: _____

Date: _____

CFP™, CERTIFIED FINANCIAL PLANNER™, CFP®, CERTIFIED FINANCIAL PLANNER™, AFP™, ASSOCIATE FINANCIAL PLANNER™, AFP and ASSOCIATE FINANCIAL PLANNER are certification marks and/or trademarks owned outside the U.S. by Financial Planning Standards Board Ltd. The Institute of Financial Planners of Hong Kong is the marks licensing authority for the CFP marks and AFP marks in Hong Kong and Macau, through agreement with FPSB.



Section C: Supplementary Ethics Declaration (Please put a "✓" at the appropriate boxes)

Period of Declaration:



<input type="checkbox"/> 1 January 2016 to 31 December 2017 (for certification not successfully renewed <u>since</u> <u>year 2017</u>)	<input type="checkbox"/> 1 January 2017 to 31 December 2017 (for certification not successfully renewed <u>since</u> <u>year 2018</u>)
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	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.

Signature: _____ Date: _____

Section D: Process and Payment Details (Please put a "✓" at the appropriate boxes)
(Please skip Section FOUR of the *AFP™ Certification Renewal Application Form for Year 2018*)



<input type="checkbox"/> Pay amount: HK\$2,800 (for certification not successfully renewed <u>since</u> <u>year 2017</u>)	<input type="checkbox"/> Pay amount: HK\$1,400 (for certification not successfully renewed <u>since</u> <u>year 2018</u>)
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Payment by cheque to: "IFPHK Ltd." (Bank: _____ Cheque No.: _____)

Payment by credit card: VISA MasterCard

Card No.: [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Card Expiry Date: [] [] / [] [] (MM / YY)

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Checklist:

- Reinstatement form completed and signed.
- AFP™ Certification Renewal Application Form for Year 2018* completed and signed.
- Payment arranged.
- CE attendance records and supporting documentary evidence attached.

Please complete this form and submit it with a completed *AFP™ Certification Renewal Application Form for Year 2018* in person or by mail to the Institute of Financial Planners of Hong Kong, 13/F, Causeway Bay Plaza 2, 463 – 483 Lockhart Road, Hong Kong.

For Official Use Only			
Date Received	Certificant No.	AFPHK	Payment Confirmed On
Follow up / Remarks			



AFPTM Certification 

RENEWAL FORM

AFP™ Certification Renewal Application Form For Year 2018

IMPORTANT NOTES

1. AFP certificants are required to renew their certification annually in order to continue using the AFP trademarks. To renew their certification, AFP certificants must maintain technical competence and fulfill ethical obligations. They must complete a minimum of 15 credits of continuing education (CE) every year (including at least 2 credits on compliance or ethics). Certificants who received their certification after 1 July 2017 may complete a minimum of 7.5 CE credits to meet the renewal requirement for the first year (including at least 1 credit on compliance or ethics).
2. In addition to the annual continuing education requirement, all AFP certificants voluntarily disclose any public, civil, criminal or disciplinary actions that may have been taken against them during the previous year as part of the renewal process.
3. The one year certification period is by calendar year, from 1 January to 31 December. **Deadline for submitting the complete renewal application for year 2018: 31 December 2017.**
4. Completed application form with appropriate annual fee must be received by IFPHK on or before the deadline on 31 December. If an AFP certificant has failed to submit the renewal application by 31 December, a late fee of HK\$100 will be added to the regular annual fee for completed application submitted between 1 January and the last day of February in the following year. Annual fee and late fee are non-refundable and non-transferable.
5. If a complete application is not received by the end of February in the following year, the AFP certificant will be considered as not having satisfied the renewal requirements and the certification will automatically be suspended. The list of "temporarily suspended AFP certificants" will be posted on IFPHK's website and published in our official publication for public's information. IFPHK may take any other actions it deems appropriate.
6. Please note that the complete application must be submitted in person or by mail to the office:

**Operations Department
Institute of Financial Planners of Hong Kong
13/F, Causeway Bay Plaza 2,
463 – 483 Lockhart Road, Hong Kong
“Re: AFP Certification Renewal”**

7. All applications are subject to review and approval by IFPHK. IFPHK endeavours to notify the result of the application within six to eight weeks' time. If you have any concerns, issues or further queries regarding the AFP certification renewal application, please contact us at (852) 2982 7888 or by email: cert@ifphk.org.

Code Tables for Application Form Section One

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

AFP CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

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Date Received	Data Entry	Completed with all info	Payment	Evaluation	Approval <small>(subject to audit)</small>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	To F&A on: Confirmed on:		
Follow up/ Remarks:					

SECTION ONE: PERSONAL PARTICULARS

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



Profile

AFP™ Certificant No.	AFPHK
ID/Passport* No.	
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Name <small>(as printed on your ID card/Passport)</small>	(English)
	(Chinese)
Correspondence Address	
Telephone	(Mobile)
	(Office)
	(Home)
Fax	
Email Address	
Professional Qualification	<input type="checkbox"/> AHKIB <input type="checkbox"/> ANZIIF <input type="checkbox"/> CFA <input type="checkbox"/> CFMP <input type="checkbox"/> ChFC <input type="checkbox"/> CLU <input type="checkbox"/> CPA <input type="checkbox"/> CWM <input type="checkbox"/> FLMI <input type="checkbox"/> FRM <input type="checkbox"/> HKRFP <input type="checkbox"/> LUTCF <input type="checkbox"/> Others (please specify) :

Details of Highest Level of Education Attained

Name of Education Institution
Qualification Attained (and Year of Award) ()

Employment Details

Current Employer		
Current Position		
Employer Code^: C	Industry Code^: I	Earnings in the Past Year^: E
Years of Financial Planning Work Experience _____ years		
Disclosure of certification status to Employer <small>(Please refer to Point 3 of the Personal Data Agreement in Section Three: Declaration & Agreement)</small>		

* Please delete as appropriate.

^ Compulsory field to be filled in for statistical purpose. Please refer to the Code Tables under the "IMPORTANT NOTES".

AFP CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

Licences in Hong Kong (Please select the organizations with which you CURRENTLY have a registration.)



Investment	<input type="checkbox"/> Securities and Futures Commission (SFC)
	<input type="checkbox"/> Hong Kong Monetary Authority (HKMA)
Insurance	<input type="checkbox"/> The Hong Kong Federation of Insurers (HKFI)
	<input type="checkbox"/> The Hong Kong Confederation of Insurance Brokers (CIB)
	<input type="checkbox"/> Professional Insurance Brokers Association Limited (PIBA)
MPF	<input type="checkbox"/> Mandatory Provident Fund Schemes Authority (MPFA)

CFP® Certification / AFP® Certification in China

Do you have an active cross border CFP certification / AFP certification in China?

Yes, my certification no. in China is: _____

No

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

Renewal channel	<input type="checkbox"/> Online renewal	<input type="checkbox"/> Form renewal (default)
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 TWO: MARK USAGE & CONTINUING EDUCATION DECLARATION

This is to declare that

- a) I have read and agree to follow the *Guide to Use of the AFP™ Marks* which is available at the AFP™ Certificant Manual; and
 - b) I understand the continuing education (CE) requirements and obligations of an AFP™ certificant, and an associate member of IFPHK (if applicable) as specified by IFPHK
- and that I have met the obligations of the proper usage of the AFP trademarks and CE requirement for 2018 certification renewal.



Signature: _____ Date: _____

NOTES:

1. Certificants have to strictly follow the *Guide to Use of the AFP™ Marks* in featuring the AFP trademarks in printed and online communications including business cards, letterhead, advertising, personal promotional literature, signage and websites.
2. Certificants are required to maintain attendance records and supporting documentary evidence of CE programs for a period of up to 3 years.
3. All filings and records of CE programs are subject to audit by IFPHK where certificants will be required to provide all attendance records and supporting documentary evidence upon request. Failure to provide the evidence may lead to disciplinary action including but not limited to the relinquishment of the AFP certification.
4. Please do not submit any CE attendance records and supporting documentary evidence with this application form unless specifically requested to do so.
5. Certificants who have not signed the Mark Usage & Continuing Education Declaration or have not acquired enough CE credits are considered non-compliance with the renewal requirements. Their certification and rights to use the AFP trademarks will be suspended until they have successfully renewed their certification.
6. Certificants who cannot comply with the renewal requirements for health reasons or other circumstances beyond their control can submit a written request to IFPHK for consideration. Such requests must include an explanatory letter and all applicable supporting documentation. These exception cases will be considered by the Board of Directors on a case-by-case basis.

SECTION THREE: DECLARATION & AGREEMENT



Period of Declaration: 1 January 2017 to date of application for renewal

- | | 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.

Terms and Conditions of Re-certification

1. 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.
2. 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™ Marks* 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 Trademarks otherwise than strictly in accordance with the *Guide to Use of the AFP™ Marks*.
3. I understand and agree that IFPHK may enforce the conditions, requirements, policies and procedures as mentioned in (1) 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.
4. 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, my certification expires immediately and any right to use the AFP Trademarks will terminate upon expiration of the certification. If I fail to comply with 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.
5. I understand that upon successful application for 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.
6. I understand and agree that fees paid pursuant to my application are non-refundable and non-transferable.

AFF CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

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 an AFP certificant and the date of my ceasing to be an 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 Financial Planning Standards Board Ltd. (FPSB) 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.



I understand and agree to the Terms and Conditions of Re-certification and the above Personal Data Agreement. Also, I declare that the information contained in this 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: _____

AFP CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

SECTION FOUR: PROCESS AND PAYMENT DETAILS

Annual certification fee for Year 2018: HK\$1,100 (in which, 5% will be contributed to IFPHK building fund)

For late application submitted between 1 January 2018 and 28 February 2018, a late fee of HK\$100 will be charged.



<u>Application submitted by</u> 31 DEC 2017	<input type="checkbox"/>	<u>Application submitted between</u> 1 JAN 2018 and 28 FEB 2018	<input type="checkbox"/>
Pay amount: HK\$1,100		Pay amount: HK\$1,200	

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

Payment by credit card: VISA MasterCard

Card No.: [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Card Expiry Date: [] [] / [] [] (MM / YY)

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

For Official Use Only		
AFP Certificant No.	Name of AFP Certificant	Remarks
AFPHK		

AFP CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

ACKNOWLEDGEMENT OF RECEIPT

For Renewal Application Form Submitted by Mail or by Courier

The acknowledgement of receipt will be sent to you via email to the email address provided at Section One: Personal Particulars of this renewal form. If email address is not provided, there will be no acknowledgement sent.



ACKNOWLEDGEMENT OF RECEIPT

For Renewal Application Form Submitted in Person



To: _____ (Please fill in your full name)

We hereby acknowledge the receipt of your AFP™ Certification Renewal Application Form for Year 2018.

Please note that we will begin processing your application. You will be promptly notified of the results once your application has been approved.

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 renewal application, please contact us by email at cert@ifphk.org.

Thank you for your continual support of the highly-regarded AFP™ Certification.

Institute of Financial Planners of Hong Kong

Date