



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

AFF CERTIFICATION RENEWAL APPLICATION FORM FOR YEAR 2018

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Date Received	Data Entry	Completed with all info	Payment	Evaluation	Approval (subject to audit)
		<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 <i>(as printed on your ID card/Passport)</i>	(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 (Please refer to Point 3 of the Personal Data Agreement in Section Three: Declaration & Agreement)		

* Please delete as appropriate.

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

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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.

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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: _____

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

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

Please fill out this questionnaire to help us better understand your needs. The questionnaire may be returned together with the renewal application.

請填寫這份問卷，讓我們更瞭解您的需要。您可把問卷連同續期申請表格一併提交。

Part I 第一部分

1. Please select your income range for the past 12 months (in Hong Kong dollar).

請從以下選出最接近閣下於過去 12 個月內收入的範圍（以港元計算）。

- < \$200,000
- \$200,000 - \$300,000
- \$300,001 - \$400,000
- \$400,001 - \$500,000
- \$500,001 - \$600,000
- \$600,001 - \$800,000
- \$800,001 - \$1,000,000
- \$1,000,001 - \$1,400,000
- \$1,400,001 - \$1,800,000
- \$1,800,001 - \$2,000,000
- > \$2,000,000

2. By what percentage did your individual income grow in the past 12 months?

在過去的 12 個月內，個人收入增長多少個百分點？

- 1% - 5%
- 6% - 8%
- 9% - 11%
- 12% - 20%
- 21% - 30%
- > 30%
- My income did not grow 收入未有增加
- My income shrunk 收入減少

3. Please estimate the percentage of your total compensation attributable to the following sources.

請根據以下收入類型評估您目前薪酬總額的百分比。

Income type 收入類型	(%)
Basic salary 基本工資	
Commission 佣金	
Asset-based fees 客戶資產管理費	
Financial planning fees 財務策劃費	
Bonus 花紅	
Others, please specify 其他，請註明：_____	
Total 總額	100%

4. Please evaluate how often the following skills are used in your practice of financial planning.

(1 = rarely, 5 = all the time)

請評估您在從事財務策劃工作中是否經常使用下列技能。（1 = 極少，5 = 經常）

	1	2	3	4	5
Collect information to determine the client's goals and objectives 收集資料來釐定客戶的目標及目的	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand the client's needs in various financial planning areas 了解客戶在各財務策劃範疇的需要	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply professional knowledge to evaluate the client's status 應用專業知識來評估客戶的狀況	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesize information to write a financial plan 綜合資料來編寫理財計劃	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritize financial planning strategies to achieve client's different goals 按優先次序排列財務策劃策略以達成客戶的各項目標	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review the progress towards achievement of objectives 覆核達成目標的進度	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART II 第二部分

5. In the past year, have you attended any in-house training (organized by your company or business partners) or public training classes at IFPHK, that is provided by IFPHK?
在過去一年裏，您有否參與過由香港財務策劃師學會提供的機構培訓（由僱主或商業伙伴安排）或在本學會上課的公開培訓課程？
- Once (Please skip Q.6) 一次（請略過第 6 條）
 More than once (Please skip Q.6) 超過一次（請略過第 6 條）
 Never (Please answer the next question) 從來沒有（請回答下一條）
6. Why have you never trained with IFPHK?
為何您從沒報讀香港財務策劃師學會提供的培訓課程？
- Topics are not relevant to my work 課題與我的工作不太相關
 Topics are not interesting 課題不太吸引
 Program fee is quite expensive 課程費用較昂貴
 Prefer to train at other training organizations 傾向報讀其他培訓機構的課程
 In-house training is enough to satisfy annual requirements 機構培訓足夠解決每年需要
7. Do you wish to obtain the CFP certification?
您會考取 CFP 資格認證嗎？
- Yes, I am currently working on it 會，我正在考取
 Yes, I plan to start working on it ___ year(s) later 會，我計劃於 ___ 年後開始考取
 Yes, but I have no plan yet 會，但我未有計劃何時開始考取
 No, I am fine with my AFP designation 不會，現有的 AFP 資格認證已足夠
 Others, please specify 其他，請註明：_____
8. Regarding your own progress towards AFP certification / CFP certification, has it been significantly prolonged by the following matters? (may choose more than one)
在您考取 AFP 資格認證 / CFP 資格認證的過程中，您的進度曾經因下列事情而大幅延誤嗎？（可選超過一項）
- No delay in progress 進度沒有延誤
 Availability of AFP Certification Education Program / CFP Certification Education Program
AFP 資格認證教育課程 / CFP 資格認證教育課程的開辦情況
 Frequency of CFP Certification Examination CFP 資格認證考試的舉辦次數
 Arranging time to attend AFP Certification Education Program / CFP Certification Education Program
安排時間參加 AFP 資格認證教育課程 / CFP 資格認證教育課程
 Not enough time to prepare for CFP Certification Examination 不足夠時間預備 CFP 資格認證考試
 Not registering for CFP Certification Examination because of lack of confidence in passing it
沒有信心合格，因而不報考 CFP 資格認證考試
 Cannot pass the CFP Certification Examination. 未能通過 CFP 資格認證考試
 Not having sufficient work experience for AFP certification / CFP certification
沒有足夠工作經驗以申請 AFP 資格認證 / CFP 資格認證
 Others, please specify 其他，請註明：_____

PART III 第三部分 Personal Particulars (Optional) 個人資料（可選擇不填寫）

Name 姓名 : _____ (_____)
AFP Certificant No.
AFP 持證人編號

Signature 簽署 : _____ Date 日期 : _____

This is the end of the survey, thank you very much for providing your views to us.
多謝您完成問卷調查及提供您的寶貴意見。