

AFP® Certification Renewal Application Form For Year 2025

IMPORTANT NOTES

1. The one year certification period is by calendar year, from 1 January to 31 December.

Deadline for submitting renewal application :	31 December 2024
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2. Completed application form with appropriate annual fee must be received by IFPHK on or before the deadline. 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.

3. Please consider the renewal channels and your preferred payment method:

To pay by bank transfer/deposit	Renewal Form
To pay by cheque	Renewal Form
To pay by credit card	Online Renewal

4. 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.

5. 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”**

6. According to the Hongkong Post, mail items bearing insufficient postage are subject to surcharge. IFPHK will not absorb the insufficient postage, and it could result in the mail being returned. Therefore, applicants are advised to ensure that their mail bears sufficient postage and contains return address.
7. IFPHK will acknowledge the receipt of renewal application by email. Further, an acknowledgement slip will be issued to those who submit the application in person at the IFPHK office.
8. 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.

Mark Usage & Continuing Education (CE)

9. 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 CE credits every year (including at least 2 credits on compliance or ethics). Certificants who received their certification after 1 July 2024 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).
10. 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.
11. Certificants are required to maintain attendance records and supporting documentary evidence of CE programs for a period of up to 3 years.

IMPORTANT NOTES (CONTINUED)

Mark Usage & Continuing Education (CE) (continued)

12. 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.
13. Please do not submit any CE attendance records and supporting documentary evidence with this application form unless specifically requested to do so.
14. Certificants who have not signed the Mark Usage & Continuing Education (CE) 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.
15. 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 Assessment and Compliance Committee on a case-by-case basis.

Declaration & Agreement

16. All AFP certificants must 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. Certificants in concerned are required to provide all relevant documents relating to the matters to IFPHK.
17. Abbreviation of Regulatory Bodies
 - SFC : Securities and Futures Commission
 - HKMA : Hong Kong Monetary Authority
 - IA : Insurance Authority
 - MPFA : Mandatory Provident Fund Schemes Authority

For official use only	
Date Received	Approval
Date entry	Remarks
Bank-in date	

SECTION ONE: MEMBERSHIP & PAYMENT

ID Card/Passport No. <small>(as printed on ID card/passport)</small>	IFPHK Membership No. AFPHK	
English Name <small>(as printed on ID card/passport)</small>	Chinese Name <small>(if applicable & as printed on ID card/passport)</small>	
Email Address <small>(email address in our examination/membership record(s) will be updated with the information provided here)</small>		

Annual Certification Fee for Year 2025

(in which, 5% will be contributed to IFPHK building fund):

☐ **HK\$1,400**

Late Fee of \$100 will be incurred to

late application submitted between 1 JAN and 28 FEB 2025, i.e. total:

☐ **HK\$1,500**☐ **Cheque**Cheque No. _____ Drawn on (Bank): _____
(Cheques should be made payable to "IFPHK Ltd.")☐ **Bank Transfer / Deposit**Account Information

Bank Name : HSBC

Bank Code : 004

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

Account No. : 002-8-414118

(Please attach a copy of transfer / bank-in slip to this application form.)

(Please renew your membership online if you wish to pay the fee(s) by credit card.)

SECTION TWO: MARK USAGE & CONTINUING EDUCATION (CE) DECLARATION

Please read items (9) to (15) of the Important Notes before signing the declaration below.

This is to declare that

- I have read and agree to follow the *Guide to Use of the AFP® Marks* which is available at the AFP® Certificant Manual; and
- I understand the CE requirements and obligations of an ASSOCIATE FINANCIAL PLANNER® 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 2025 certification renewal.

Signature: _____

Date: _____

SECTION THREE: DECLARATION & AGREEMENT

Period of Declaration: 1 January 2024 to the date of signing in this section

- | | 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, IA, 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 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: _____ | <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:

- If you have answered "YES" to any of the above questions, please attach all relevant documents relating to the matters at issue.
- 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

- 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.
- I agree to be bound by the provisions of the IFPHK's Memorandum and Article of Association as an Associate Member and acknowledge that the Board of Directors of the IFPHK may terminate a person's IFPHK membership if it considers the person not fit to be a member, such as but not limited to where the person has been convicted of a criminal offence, is adjudicated bankrupt, is mentally incapacitated, or if the person's opinion or conduct is injurious to the interest or character of the IFPHK.
- 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*.
- 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.
- 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.
- 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.
- I understand and agree that fees paid pursuant to my application are non-refundable and non-transferable.

SECTION THREE: DECLARATION & AGREEMENT (CONTINUED)**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 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 the *Terms and Conditions of Re-certification* and the *Personal Data Agreement*.
- (ii) 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: _____

CHECKLIST

Please make sure that you have completed the following items:

- ☐ *Section One: Membership & Payment* (page 1)
 - ☐ [If you are paying by cheque] Attached a cheque payable to "IFPHK Ltd" with the correct amount.
 - ☐ [If you are paying by bank transfer/deposit] Attached a copy of transfer / bank-in slip.
- ☐ *Section Two: Mark Usage & Continuing Education (CE) Declaration*: read and signed (page 1).
- ☐ *Section Three: Declaration & Agreement*: read, checked the appropriate boxes (page 2) and signed (page 3).
 - ☐ Selected your option in relation to the disclosure of certification status to your employer (page 3).

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: Membership & Payment* of this renewal form. If email address is not provided, the email will be sent to the email address on IFPHK record.

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 2025.

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.

IFPHK Chop:

Date

RENEWAL - UPDATING PERSONAL PARTICULARS 續期一更新個人資料



Instructions 指引

1. This form is only necessary if you wish to submit your updates with the renewal form.
此表格僅在遞交續期表格時一併更新資料才需遞交。
2. Active members can instantly change their personal particulars online under the Member's Area of IFPHK website (Login > Personal Profile > Personal Information Update).

有效會員可於學會網頁的會員專區即時網上修改個人資料。（登入 > 個人資料 > 個人資料更新）。

Required fields before updating 更新資料必須填寫

Name 姓名	ID Card/Passport No. 身分證／護照號碼
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Personal Profile 個人資料		
Phone Number 電話號碼		
(Mobile 手機)	(Office 公司)	(Home 住宅)
Mailing Address 通訊地址		
Receiving publications 收取刊物		
<input type="checkbox"/> Online publications 網上刊物	<input type="checkbox"/> Printed publications 印刷刊物	
Language of communication 通訊語言		
<input type="checkbox"/> English 英文	<input type="checkbox"/> Chinese 中文	
Receiving Marketing Messages 收取市場推廣訊息		
<p>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" this box.</p> <p>學會可能使用電子郵件、郵件或短訊提供及告知會員有關考試、教育課程、會籍、會議、活動、研究及產品及服務等資料。按《個人資料（私隱）條例》，若您不希望收取這些訊息，請在此格內打勾。</p>		
<input type="checkbox"/> <input checked="" type="checkbox"/> = Not receiving 不收取		

Employment Details 就業資料	
Current Employer 現時僱主	* Employer Code 僱主編號
C	
Current Position 現時職位	* Industry Code 行業編號
I	
Financial Planning Work Experience 財務策劃工作年資	* Current Earnings 現時收入
(years 年)	E

* please refer to the Code Tables on the next page 請參考下頁的編號對表

Academic / Professional Qualifications 學歷／專業資格	
Academic Qualification Attained 所得學歷	Award Year 頒授年份
Name of Education Institution 教育機構名稱	
Professional Qualification 專業資格	
<input type="checkbox"/> AHKIB <input type="checkbox"/> CFA <input type="checkbox"/> ChFC <input type="checkbox"/> CPA <input type="checkbox"/> FLMI <input type="checkbox"/> HKRFP <input type="checkbox"/> Others 其他：	
<input type="checkbox"/> ANZIIF <input type="checkbox"/> CFMP <input type="checkbox"/> CLU <input type="checkbox"/> CWM <input type="checkbox"/> FRM <input type="checkbox"/> LUTCF	
Licences CURRENTLY Holding in Hong Kong 現時持有的香港牌照	
<input type="checkbox"/> SFC 證監會 <input type="checkbox"/> HKMA 金管局 <input type="checkbox"/> IA 保監局 <input type="checkbox"/> MPFA 積金局	
ACTIVE CFP® Certification / AFP® Certification in China 有效的中國 CFP®資格認證／AFP®資格認證	
<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 (certification no. 中國資格認證編號：)	

I declare that the information contained in this application is truthful and complete.

本人謹此聲明，本人所提供之資料均真實、完整。

Signature 簽名：_____ Date 日期：_____

RENEWAL - UPDATING PERSONAL PARTICULARS

續期一更新個人資料

Code Tables 編號列表

Employer Code 僱主編號

(Please choose the group that your current employer belongs to 請選擇您現時僱主所屬的集團)

C 1 AIA 友邦	C 9 DBS Bank 星展銀行	C 17 Standard Chartered Bank 渣打銀行
C 2 AXA 安盛	C 10 Hang Seng Bank 恒生銀行	C 18 UBS 瑞銀
C 3 Bank of Communications 交通銀行	C 11 HSBC 匯豐	C 19 CMB Wing Lung Bank 招商永隆銀行
C 4 Bank of East Asia 東亞銀行	C 12 FWD Group 富衛集團	C 20 Zurich Insurance Group 蘇黎世保險集團
C 5 Bank of China 中國銀行	C 13 Manulife 宏利	C 22 Sun Life Hong Kong Limited 香港永明金融
C 6 China Construction Bank 中國建設銀行	C 14 Nanyang Commercial Bank 南洋商業銀行	C 23 CTF Life 周大福人壽
C 7 Citibank 花旗銀行	C 15 Prudential 保誠香港	C 24 China Life 中國人壽
C 8 Convoy 康宏	C 16 Shanghai Commercial Bank 上海商業銀行	C 21 Others 其他

Industry Code 行業編號

(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**)

請選擇其中一個最能夠描述您所屬行業的編號；例：您於零售銀行任職會計師，應選擇**I 1**)

I 1 Retail Banking 零售銀行	I 6 Independent Financial Advisor 獨立財務顧問	I 11 Academia 學術
I 2 Private Banking 私人銀行	I 7 Asset Management 資產管理	I 12 Real Estate Sector 房地產界別
I 3 Investment Banking 投資銀行	I 8 Securities Brokerage 證券經紀	I 13 Others 其他
I 4 Life Insurance 人壽保險	I 9 Legal Practice 法律	
I 5 General Insurance 一般保險	I 10 Accounting Practice 會計	

Earnings Code 收入編號

E 1 Less than HK\$200,000 港幣 200,000 元以下	E 4 HK\$600,000 – less than HK\$800,000 港幣 600,000 元 – 港幣\$800,000 元以下
E 2 HK\$200,000 – less than HK\$400,000 港幣 200,000 元 – 港幣 400,000 元以下	E 5 HK\$800,000 – less than HK\$1,000,000 港幣 800,000 元 – 港幣\$1,000,000 元以下
E 3 HK\$400,000 – less than HK\$600,000 港幣 400,000 元 – 港幣 600,000 元以下	E 6 HK\$ 1 million or above 港幣 1,000,000 元或以上



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

請填妥這份問卷，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 industry sector.

請選擇您的行業界別。

- | | | |
|--|--|---|
| <input type="checkbox"/> Banking 銀行 | <input type="checkbox"/> Fund House/Securities Brokerage 基金公司／證券經紀 | <input type="checkbox"/> Real Estate Sector 房地產界別 |
| <input type="checkbox"/> Insurance 保險 | <input type="checkbox"/> Accounting Practice 會計 | <input type="checkbox"/> Academia 學術 |
| <input type="checkbox"/> Financial or Investment Advisor 理財或投資顧問 | <input type="checkbox"/> Legal Practice 法律 | <input type="checkbox"/> Others 其他 |

2. 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）。

- | | | |
|--|--|--|
| <input type="checkbox"/> < \$200,000 | <input type="checkbox"/> \$500,001 - \$600,000 | <input type="checkbox"/> \$1,400,001 - \$1,800,000 |
| <input type="checkbox"/> \$200,000 - \$300,000 | <input type="checkbox"/> \$600,001 - \$800,000 | <input type="checkbox"/> \$1,800,001 - \$2,000,000 |
| <input type="checkbox"/> \$300,001 - \$400,000 | <input type="checkbox"/> \$800,001 - \$1,000,000 | <input type="checkbox"/> > \$2,000,000 |
| <input type="checkbox"/> \$400,001 - \$500,000 | <input type="checkbox"/> \$1,000,001 - \$1,400,000 | |

3. 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？

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1% - 5% | <input type="checkbox"/> 21% - 30% |
| <input type="checkbox"/> 6% - 8% | <input type="checkbox"/> > 30% |
| <input type="checkbox"/> 9% - 11% | <input type="checkbox"/> My income did not grow 收入未有增加 |
| <input type="checkbox"/> 12% - 20% | <input type="checkbox"/> My income shrunk 收入減少 |

4. Does your employer recognize you as an ASSOCIATE FINANCIAL PLANNER professional?

你的僱主是否知道你是 ASSOCIATE FINANCIAL PLANNER 專業人士？

- ☐ Yes, my employer is aware that I am an AFP professional 我的僱主知道我是 AFP 專業人士
- ☐ No, my employer does not know that I am an AFP professional 我的僱主不知道我是 AFP 專業人士
- ☐ I am not sure if my employer is aware that I am an AFP professional 我不清楚我的僱主是否知道我是 AFP 專業人士
- ☐ Not applicable, e.g. self-employed person 不適用，如自僱人士

5. What are the key benefits that your clients receive from you as a financial planner?

身為財務策劃師，你可以使客戶得到以下那些主要益處？

[Select up to three options] [最多選擇 3 項]

- ☐ Greater wealth growth 更大的財富增值
- ☐ Help to simplify and explain financial matters 令財務問題簡單化及容易理解
- ☐ Improved financial decision making confidence 改善財務決策信心
- ☐ Improved financial freedom and control 改善財務自由狀況及控制
- ☐ Improved financial wellbeing and peace of mind 改善財務健全及心境平和
- ☐ Researching the entire market and receiving the most appropriate recommendation on investment products 了解市場全面情況及獲得最適合的投資產品推薦
- ☐ I have not practiced financial planning in job 在工作中，我沒有運用到財務策劃



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

6. Do you have any plan moving overseas?

你有意移居海外嗎？

- ☐ No 沒有
- ☐ Yes, within one year 有，預計一年內
- ☐ Yes, 1 to 5 years 有，預計一到五年
- ☐ Yes, timing undecided 有，時間未定

PART II 第二部份

Questions about Professional Development and Training Experience: 有關會員專業發展及培訓的問題：

7. Do you know that practitioners are eligible to apply for reimbursement of training programs under the Pilot Programme to Enhance Talent Training for the Asset and Wealth Management Sector (the WAM Pilot Programme) and Pilot Green and Sustainable Finance Capacity Building Support Scheme?

你是否知道從業人員有資格申請資產財富管理業先導計劃和綠色和可持續金融培訓先導計劃下合資格培訓課程費用的款項發還？

- ☐ Yes 知道
- ☐ No 不知道

8. Are you interested in applying for the IFPHK's eligible training programmes under the Pilot Programme to Enhance Talent Training for the Asset and Wealth Management Sector (the WAM Pilot Programme) and/or Pilot Green and Sustainable Finance Capacity Building Support Scheme? (You can select more than one option)

您是否有興趣申請學會在資產財富管理業先導計劃和綠色和可持續金融培訓先導計劃下的合資格培訓課程？(可選多項)

- ☐ Qualified Retirement Adviser (QRA) Education Program 核准退休顧問(QRA)教育課程
- ☐ The Associate Estate Planning Practitioner (AEPP®) Education Program 家族財富傳承師資格認證教育課程
- ☐ Succession Planning Through Trust Structures: A Case Study Approach 信託繼承規劃：案例研究方法
- ☐ Professional Certificate in Sustainable Investment Management and ESG Integration 可持續投資管理與 ESG 整合專業證書
- ☐ Not interested 沒有興趣

9. Which training methods do you prefer most? (You can select more than one option)

請問哪種上課模式最能迎合你的需要？(可選多項)

- ☐ Face-to-face 面授形式
- ☐ Virtual class / webinar 網絡研討會
- ☐ e-Learning / self-study 電子課程 / 自修
- ☐ No preference 沒有喜好
- ☐ Other, please specify 其他，請註明: _____

10. What factor(s) will you consider when you decide to enroll in any training program/ course? (You can select more than one option)

當您決定報名參加任何培訓課程時，您會考慮哪些因素？(可選多項)

- ☐ Fee 費用
- ☐ Topic 主題
- ☐ Eligibility for subsidy 津貼資格
- ☐ Speaker 講師
- ☐ Training format 培訓形式
- ☐ Duration 時長
- ☐ Reputation of training provider 培訓機構的聲譽
- ☐ Other, please specify 其他，請註明: _____

Questions about the future of financial planning: 有關財務策劃未來發展的問題:

11. Which factor will have the greatest impact on your jobs over the next 2-5 years?

未來二至五年，您預計有哪項因素最影響你的工作？

[Select one option] [請選擇一項]

- ☐ Technological change, e.g. AI or GenAI. 科技的變化，如人工智能(AI)或生成式人工智能(GenAI)
- ☐ Changes in client preference 客戶偏好的變化
- ☐ Competitions from overseas and/or mainland talents 海外及/或中國內地專才的競爭
- ☐ Regulatory changes 監管的變化
- ☐ Economic conditions 經濟狀況
- ☐ Other, 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。