



## CFP<sup>CM</sup> Certification Reinstatement Form

This form serves reinstatement made after 31 December 2009 for CFP<sup>CM</sup> certification expired on 31 December 2008 or 31 December 2009.



Name of Applicant: \_\_\_\_\_

CFP<sup>CM</sup> Certificant No.: \_\_\_\_\_



### Section A: Reinstatement Requirements

- For certification expired on 31 December 2008

Applicants are requested to follow the following reinstatement requirements:

- a) Complete this reinstatement form and submit it **together** with a completed CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010 to IFPHK.
- b) Pay the amount of HK\$3,900 to IFPHK, which includes the annual certification fee of HK\$1,500 for year 2009 and HK\$1,800 for year 2010, plus the reinstatement fee of HK\$600.
- c) Fulfill the 30 credits continuing education requirement for 2009 and 2010 certification renewal.
- d) Continue to adhere to IFPHK's Code of Ethics and Professional Responsibility.

- For certification expired on 31 December 2009

Applicants are requested to follow the following reinstatement requirements:

- a) Complete this reinstatement form and submit it **together** with a completed CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010 to IFPHK.
- b) Pay the amount of HK\$2,100 to IFPHK, which includes the annual certification fee of HK\$1,800 for year 2010, plus the reinstatement fee of HK\$300.
- c) Fulfill the 15 credits continuing education requirement for 2010 certification renewal.
- d) Continue to adhere to IFPHK's Code of Ethics and Professional Responsibility.

### Section B: Mark Usage and Continuing Education Declaration

*(Please skip Section TWO of the CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010)*

This is to declare that

- a) I have read and agree to follow the "Guide to Use of the CFP Certification Marks" which is available at the CFP<sup>CM</sup> Certificant Manual; and
- b) I understand the CE requirement and obligations of a CERTIFIED FINANCIAL PLANNER<sup>CM</sup> certificant, and an ordinary member of IFPHK (if applicable) as specified by IFPHK

and that I have met the obligations of the proper usage of the CFP certification marks 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: \_\_\_\_\_



**Section C: Process and Payment Details**

*(Please skip Section FOUR of the CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010)*

Pay amount: **HK\$3,900**      OR       Pay amount: **HK\$2,100**

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

**OR**

Payment by credit card:                       VISA                       MasterCard

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

Card Expiry Date:    [ ][ ][ ] / [ ][ ][ ]

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_



**Section D: Ethics Declaration**

Period of Declaration:

1 January 2008 to date of application for renewal (for certification expired on 31 December 2008)

1 January 2009 to date of application for renewal (for certification expired on 31 December 2009)

	<b>Yes</b>	<b>No</b>
1. In the period of declaration, have you been convicted of an offence involving a criminal charge?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the period of declaration, have you been bankrupt, whether declared or not?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the period of declaration, have you been refused membership of a statutory body or other professional body in respect of your professional capacity?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the period of declaration, have you been refused professional indemnity insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the period of declaration, have you been subject to disciplinary proceedings or expelled by a statutory body or other professional body in respect of your professional capacity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any other matters that may impact on IFPHK's consideration of your application?	<input type="checkbox"/>	<input type="checkbox"/>

**Note: If you have answer YES to any of the above questions, please provide more details by attaching all relevant documents relating to the matters at issue.**



Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Checklist:



- Reinstatement form completed and signed.
- CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010 completed and signed.
- Payment arranged.
- CE attendance records and supporting documentary evidence attached.

Please complete this form and submit it with a completed CFP<sup>CM</sup> Certification Renewal Application Form for Year 2010 in person or by mail to the Institute of Financial Planners of Hong Kong, Unit 2601, 26<sup>th</sup> Floor, Bank of East Asia Harbour View Centre, 56 Gloucester Road, Wanchai, Hong Kong.

For Official Use Only					
Date Received	Data Entry	Completed with all info	Payment	Evaluation	Approval
		<input type="checkbox"/> Yes <input type="checkbox"/> No	To F&A on: Confirmed on:		
<b>Follow up/ Remarks:</b>					