For Official Use Only
Date Received

Final Approval



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CFP® Certification Reinstatement Form

Form validity	Throughout 2025
Applicable to	Former CFP Certificants who have not renewed since Year 2024 or Year 2025

Former CFP [®] Certificant No.	СГРНК
English Name	

Section One: Reinstatement Requirements (Please put a "
"
" at the appropriate box)

Applicants need to meet the respective reinstatement requirements:

 For certification not successfully renewed since year 2024 a) Complete and submit this reinstatement form to IFPHK. b) Pay the amount of <u>HK\$5,850</u> to IFPHK, which includes: 			For certification not successfull since year 2025	y renewed	
			 a) Complete and submit this reinstatement form to IFPHK. b) Pay the amount of <u>HK\$2,950</u> to IFPHK, which includes: 		
Annual certification fee for year 2025	HK\$2,650*	1	st year reinstatement fee	HK\$300	
2 nd year reinstatement fee	HK\$600				
 c) Complete <u>30 credits</u> of continuing education for 2024 and 2025 certification renewal, which must include at least 4 credits on compliance or ethics (Applicant who was granted the CFP certification on or after 1 July 2023 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. 		c)	Complete <u>15 credits</u> of continuing 2025 certification renewal, which n least 2 credits on compliance or et who was granted the CFP certifica 1 July 2024 needs to complete 7.5 which must include at least 1 credit or ethics).	nust include at hics (Applicant tion on or after GCE credits,	
		d)	Continue to adhere to IFPHK's Co Professional Responsibility.	de of Ethics and	
* 5% of annual certification fees will be contri	buted to IFPHK bui	Iding	fund		

Complete application must be submitted in person or by mail to the office:

Institute of Financial Planners of Hong Kong 13/F, Causeway Bay Plaza 2, 463-483 Lockhart Road, Hong Kong "Re: CFP Certification Reinstatement Application"

According to the Hongkong Post, mail items bearing insufficient postage are subject to surcharge. The 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.

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 CFP certification reinstatement application, please contact us with the methods shown below.





 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

CFP[®], CERTIFIED FINANCIAL PLANNER[®], AC CERTIFIED FINANCIAL PLANNER[®], ASP[®], ASSOCIATE FINANCIAL PLANNER[®], A Spociate 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.

CFP CERTIFICATION REINSTATEMENT FORM

Section Two: Personal Data Update

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.

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Profile							
Title Dr		Ms Chines	se Name				
□Mrs	□Miss				(as printed on you	Ir ID card/Passport)	
ID/Passport ¹ No.		Phone	Number		· · · · ·	i	
			(Mobile)		(Office)	(Home)	
Correspondence	Address						
Email Address							
Receiving public	ations	Online pub	lications (default)	🛛 Prir	nted publications		
Language of con	nmunication	English (de	efault)	🖵 Chi	inese		
Receiving Marke				h t - th	-1-110	and and a describer	
	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.						
Professional	🗅 AHKIB 🗖	CFA CH		FLMI	HKRFP 🔲	Others:	
Qualification	🗆 ANZIIF 🗖	CFMP 🛛 CI		FRM	LUTCF		
Licences	Inves	stment	Insuran	ice	Ν	MPF	
Holding in			Insurance Auth	nority (IA)		Provident Fund	
Hong Kong ²	Commission	()			Schemes Au	uthority (MPFA)	
	Hong Kong	ivionetary			1		

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

Employment Details

Current Position Financial Planning Work Experience	Current Employer					
	(years)					
Employer C(1) AIA C(C7) Citibank C(C14) Nanyang C(C19) CMB Wing C(C21) Othe	ers					
Code ³ C(2) AXA C(8) Convoy Commercial Bank Lung Bank						
C(C3) Bank of C(C9) DBS Bank C(C15) Prudential C(C20) Zurich						
Communications 🛛 (C10) Hang Seng 🖵 (C16) Shanghai Insurance Group						
C4) Bank of East Asia Bank Commercial Bank C22) Sun Life						
C(5) Bank of China C(C11) HSBC C(C17) Standard Hong Kong						
C(C6) China C(C12) FWD Group Chartered Bank C(C23) CTF Life						
Construction Bank (C13) Manulife (C18) UBS (C24) China Life						
Industry Code ³ II (I1) Retail Banking I (I4) Life Insurance I (I7) Asset Management I (I10) Accounting	Practice					
(I2) Private Banking (I5) General Insurance (I8) Securities Brokerage (I11) Academia						
🗋 (13) Investment Banking 🗋 (16) Independent Financial Advisor 📮 (19) Legal Practice 📮 (112) Real Estate	e Sector					
(I13) Others						
Earnings Image: Comparison of the state of						
(Past Year) ³ □ (E2) HK\$200,000 – less than HK\$400,000 □ (E5) HK\$800,000 – less than HK\$1,000,000						
(E3) HK\$400,000 – less than HK\$600,000						
Disclosure of certification status to Employer (Please refer to Point 3 of the Personal Data Agreement in Section Four: Declaration & Agreement)						

¹ Please delete as appropriate.
 ² Please select the organizations with which you CURRENTLY have a registration.
 ³ Compulsory field to be filled in for statistical purpose.

This is to declare that

- a) I have read and agree to follow the *Guide to Use of the CFP[®] Marks* which is available at the CFP[®] Certificant Manual; and
- b) I understand the CE requirement and obligations of a CERTIFIED FINANCIAL PLANNER[®] 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.

Signature:

Date:

Please attach your CE attendance records and supporting documentary evidence with this application for IFPHK's evaluation.				
For certification not successfully renewed since year 2024	For certification not successfully renewed since year 2025			
CE Requirements: For 2024, 15 CE credits completed in <u>2023</u> (at least 2 credits on compliance/ethics topics) For 2025, 15 CE credits completed in <u>2024</u> (at least	CE Requirements: For 2025, 15 CE credits completed in <u>2024</u> (at least 2 credits on compliance/ethics topics)			
2 credits on compliance/ethics topics) i.e. a total of 30 CE credits (at least 4 credits on	i.e. a total of 15 CE credits (at least 2 credits on compliance/ethics topics)			
compliance/ethics topics)				

Section Four: Declaration & Agreement (Please put a " " " at the appropriate boxes)

Period of Declaration:

	1 January 2023 to the date of reinstatement application (for certification not successfully renewed since year 2024)	1 January 2024 to the date of reinsta application (for certification not succ renewed <u>since year 2025</u>)		
1.	Have you ever been convicted of any offence other th Kong or elsewhere?	с с	Yes D	No D
_	If "yes", please specify:		_	_
2.	Are you or have you ever been declared bankrupt in H			
3.	If "yes", please specify:			
	If "yes", please specify:			_
4.	Have you ever been refused professional indemnity ins			
4. 5.	, , , , <u>, , , , , , , , , , , , , , , </u>	cluding but not limited to revocation or partial nsion of license, pecuniary penalty, public		
	Have you ever been refused professional indemnity ins If "yes", please specify: Have you ever been imposed disciplinary measure (in revocation of license, suspension or partial suspe reprimand, private reprimand) by a statutory body or	cluding but not limited to revocation or partial nsion of license, pecuniary penalty, public		

2. CFP Certificant has the obligation to cooperate fully in IFPHK investigation (if any) in relation to his / her declaration above.

- 1. I understand and agree to comply with all conditions, requirements, policies and procedures for the CFP 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 CFP 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 CFP Marks, I shall observe and adhere to the *Guide to Use of the CFP® 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 Marks otherwise than strictly in accordance with the *Guide to Use of the CFP® 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 CFP Marks (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 CFP Marks are granted by IFPHK to me personally. I understand that my CFP 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 CFP Marks will terminate upon expiration of the certification. If I fail to comply with certification renewal requirements, I agree to cease use of the CFP Marks immediately. I understand that the IFPHK may relinquish any rights I have in the use of CFP Marks 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 ordinary 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.

Personal Data Agreement

- 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 a CFP certificant and the date of my ceasing to be a CFP 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 CFP 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:

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CFP CERTIFICATION REINSTATEMENT FORM

2025



Pay amount: HK\$5,850 (for certification not successfully renewed since year 2024) Pay amount: HK\$2,950 (for certification not successfully renewed since year 2025)

Cheque

(cheques should be made payable to in Frik Etc.)

For Official Use	or Official Use Only		
Certificant No.	СГРНК	Reinstating year(s)	Payment Confirmed On
Remarks			

Checklist

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Please make sure that you have completed the following items:

- □ Filled in your name on page 1 and select the appropriate year of reinstatement in Section One: Reinstatement Requirements (page 1).
- □ Filled in Section Two: Personal Data Update (page 2).
- □ Read Section Three: Mark Usage & Continuing Education Declaration and signed on page 3.
- □ Read Section Four: Declaration & Agreement, checked the appropriate boxes on page 3 and signed on page 4.
- Selected your option in relation to the disclosure of certification status to your employer on page 4.
- Attached a cheque payable to "IFPHK Ltd" with the correct amount.

ACKNOWLEDGEMENT OF RECEIPT For Reinstatement Form Submitted in Person

To: (Please	fill in your full name)
We hereby acknowledge the receipt of your CFP® Certification Reinstatem	nent Form. IFPHK Chop:
Please note that we will begin processing your application. You will be pr the results once your application has been approved.	omptly notified of
For your information, the processing time for this application will be arou During this period, IFPHK may contact you regarding supplementary infor a smooth process.	
If you have any concerns, issues or further queries regarding the reinstatement application, please contact us by email at cert@ifphk.org.	CFP certification

Thank you for your continual support of the highly-regarded CFP® Certification.