

CFP® Certification Examination Examination Review Request Form

Important Note: This request must be submitted to IFPHK within 30 calendar days of the date printed on your result notification letter. Please refer to the CFP® Certification Examination Handbook for details about the examination review policy before you submit the form.

Personal Particula	rs			
Name		:		
ID		<u></u>		
Candidate / Examin	ee N	lo.:		
Mobile No.		:		
Reason for Reque	stinç	j:		
Examination Pape	r(s) 1	. •		
		Exam Intake (MM/YYYY):(Please put a "\sqrt{"} in the appropriate box)		
			HK\$500	
		CFP® Certification Examination (Advanced Level Paper 1)	HK\$500	
		CFP® Certification Examination (Advanced Level Paper 2)	HK\$500	
		Cross Border CFP® Certification Examination	HK\$500	
•	•	e [Made Payable to IFPHK Ltd.]		
Bank:		Cheque No.:		
☐ Payment by Ba	ank '	Transfer / Deposit:		
Account Informa	ation			
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	а сор	by of transfer / bank-in slip with this application form.)		
Domarke:				

- Kindly complete the form and return it by fax at (852) 2982 7777, or by mail to IFPHK Office.
- An acknowledgement email will be sent to the applicant upon receipt of the application form. The examination review report will be available within 4-6 weeks after the request is received.
- For enquiry, please contact IFPHK at (852) 2982 7888 or by email: exam@ifphk.org

For Office Use								
Date Received	Candidate / Examinee No.	Payment Date	Remarks	Handled by				



香港財務策劃師學會 INSTITUTE OF FINANCIAL PLANNERS OF HONG KONG Oct 2021/IFPHK

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