



IFPHK Candidacy Reinstatement Form

Name of Applicant: _____

Candidate No.: CAN

Section A: Reinstatement Details

(Please put a "✓" at the appropriate box and fill in corresponding fees)



Option A

Reinstatement the candidacy status with effect from 1 January 2018

(Note: education program taken during the lapsed period, if any, will not be recognized for examination enrollment and/or certification purpose)

- i) Submit this reinstatement form and IFPHK Candidacy Renewal Application Form for Year 2018
- ii) Pay the following amount to IFPHK, which includes:

Annual fee for 2018*	HK\$500
Reinstatement fee (HK\$300 per lapsed year)	
Remarks: HK\$300 for those who did not renew since 1 January 2018 HK\$600 for those who did not renew since 1 January 2017 HK\$900 for those who did not renew since 1 January 2016 HK\$1,200 for those who did not renew since 1 January 2015 HK\$1,500 for those who did not renew since 1 January 2014	HK\$ _____
Total:	HK\$ _____

- iii) Continue to adhere to IFPHK's Code of Ethics and Professional Responsibility.

Option B

Reinstatement the candidacy status with retrospective effect from the beginning of lapsed period
(note: applicable to those who has taken education program during the lapsed period)

- i) Submit this reinstatement form and IFPHK Candidacy Renewal Application Form for Year 2018
- ii) Pay the following amount to IFPHK, which includes:

Annual fee for the lapsed period* (HK\$500 per lapsed year)	
HK\$500 x _____ year(s) (include annual fee of year 2018)	HK\$ _____
Reinstatement fee	HK\$300
Total:	HK\$ _____

- iii) Continue to adhere to IFPHK's Code of Ethics and Professional Responsibility.

*5% of annual candidacy fee will be contributed to IFPHK capital fund

Section B: Payment Details

*(Please skip **Section THREE** of the IFPHK Candidacy Renewal Application Form)*



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

OR

I hereby authorize The Institute of Financial Planners of Hong Kong Limited to debit the sum stated in this form from my credit card account.

Payment by credit card: VISA MasterCard

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

Card Expiry Date: [] [] / [] [] (MM / YY)

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Checklist:



- Reinstatement form completed and signed.
- IFPHK Candidacy Renewal Application Form for Year 2018 completed and signed.
- Payment arranged.

Please complete this form and submit it together with a completed IFPHK Candidacy Renewal Application Form for Year 2018 in person or by mail to the Institute of Financial Planners of Hong Kong, 13/F, Causeway Bay Plaza 2, 463 – 483 Lockhart Road, Hong Kong.

For Official Use Only				
Date Received		Certificant No.		Payment Confirmed On
Follow up / Remarks				

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