



Institute of Financial Planners of Hong Kong

Tel: (852) 2982 7888 Fax: (852) 2982 7777 Website: www.ifphk.org
Address: 13/F, Causeway Bay Plaza 2, 463 - 483 Lockhart Rd, HK

Statement of Result Request Form

Personal Particulars

Name : _____
HKID : _____
Membership No. (if any) : _____
Mobile No. : _____
Correspondence Email Address : _____

Request for the following examination result record(s)

Examination	Exam Intake (MM/YYYY)	Fee (HK\$)	No. of copy requesting	Amount (HK\$)
QRA Examination		150 per copy		
Postage for collection by Registered Mail (see Collection Method below)	--	30	--	
Total:				

Collection Method

In Person By Registered Mail (HK\$30 will be charged)

Payment Method

Payment by Cheque [Made Payable to **IFPHK Ltd.**]
Bank: _____ Cheque No.: _____

Payment by Credit Card
 VISA MasterCard

I hereby authorize IFPHK Ltd. to charge HK\$_____ or, if I have miscalculated the amount, the correct amount payable to my credit card with details below. I understand that IFPHK Ltd. will notify me if I have miscalculated the payable fee after charging my credit card.

Credit Card No. _____ - _____ - _____ - _____

Cardholder's Name: _____ Card Expiry Date (MM/YY): _____

Cardholder's Signature: _____ Date : _____

Remarks:

1. Kindly complete the form and return it by fax at (852) 2982 7777, or by mail to IFPHK Office.
2. An acknowledgement email will be sent to the applicant upon receipt of the application form. IFPHK will normally take 2 weeks to process the application and once the application is successful, IFPHK will send a confirmation email to the applicant.
3. For enquiry, please contact IFPHK at (852) 2982 7888 or by email: exam@ifphk.org

For Office Use				
Ref No:	Date Received	Statement Collection Date	Acknowledge receipt by Applicant	Handled by