



To: Institute of Financial Planners of Hong Kong

Authorization Form

I, _____ (name) of HKID Card No. / Passport No. _____, hereby authorize

_____ (name) of HKID Card No. / Passport No. _____, to pick up my

1. _____

2. _____

3. _____

at IFPHK office on my behalf.

My HKID Card/ Passport copy is attached for reference.

Thank you for your kind attention.

(Signature)

Date: _____

IFPHK Office Address:	Office Opening Hours:	
13th Floor, Causeway Bay Plaza 2 463 – 483 Lockhart Road, Hong Kong	Monday to Friday 9:00 am - 6:00 pm (no lunch break)	Saturday, Sunday & Public Holidays Closed

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