



Membership Reinstatement Form

For Official Use Only	
Date Received	
Final Approval	

Form validity	Throughout 2025
Applicable to	Former QRA Holder who have not renewed since Year 2024 or Year 2025

Former QRA Membership No.	QRA
English Name	

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

Please
select

Category of the Applicant:

- ☐ **Category A:** Membership not renewed since year 2024
☐ **Category B:** Membership not renewed since year 2025

Applicants need to meet the respective reinstatement requirements:

Category A	Category B										
<p>a) Complete and submit this reinstatement form to IFPHK.</p> <p>b) Pay the amount of <u>HK\$2,900</u> to IFPHK, which includes:</p> <table><tr><td>Annual membership fee for year 2024</td><td>HK\$1,100*</td></tr><tr><td>Annual membership fee for year 2025</td><td>HK\$1,200*</td></tr><tr><td>Reinstatement fee for 2 years</td><td>HK\$600</td></tr></table> <p>c) Complete the continuing education requirements of membership renewal of 2024 and 2025: for each membership year: 5 credits on retirement related topics (3 must be obtained from IFPHK designated CE program for QRA holders) (<i>Applicant who was granted the QRA membership on or after 1 July 2023 needs to complete 7.5 CE credits, in which 4.5 CE credits must be obtained from IFPHK designated CE program for QRA holders</i>).</p>	Annual membership fee for year 2024	HK\$1,100*	Annual membership fee for year 2025	HK\$1,200*	Reinstatement fee for 2 years	HK\$600	<p>a) Complete and submit this reinstatement form to IFPHK.</p> <p>b) Pay the amount of <u>HK\$1,500</u> to IFPHK, which includes:</p> <table><tr><td>Annual membership fee for year 2025</td><td>HK\$1,200*</td></tr><tr><td>Reinstatement fee for 1 year</td><td>HK\$300</td></tr></table> <p>c) Complete the continuing education requirements of membership renewal of 2025: for each membership year: 5 credits on retirement related topics (3 must be obtained from IFPHK designated CE program for QRA holders) (<i>Applicant who was granted the QRA membership on or after 1 July 2024 needs to complete 2.5 CE credits, in which 1.5 CE credits must be obtained from IFPHK designated CE program for QRA holders</i>).</p>	Annual membership fee for year 2025	HK\$1,200*	Reinstatement fee for 1 year	HK\$300
Annual membership fee for year 2024	HK\$1,100*										
Annual membership fee for year 2025	HK\$1,200*										
Reinstatement fee for 2 years	HK\$600										
Annual membership fee for year 2025	HK\$1,200*										
Reinstatement fee for 1 year	HK\$300										

* 5% of annual membership fees will be contributed to IFPHK building 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: QRA Membership 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 QRA membership reinstatement application, please contact us with the methods shown below.



香港財務策劃師學會
INSTITUTE OF FINANCIAL PLANNERS OF HONG KONG

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

Section Two: Personal Data Update

Note: if you have membership/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.



Profile

Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Chinese Name (as printed on your ID card/Passport)				
ID/Passport¹ No.		Phone Number (Mobile) (Office) (Home)				
Correspondence Address						
Email Address						
Receiving publications		<input type="checkbox"/> Online publications (default) <input type="checkbox"/> Printed publications				
Language of communication		<input type="checkbox"/> English (default) <input type="checkbox"/> Chinese				
Receiving Marketing Messages 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. <input type="checkbox"/> <input checked="" type="checkbox"/> = Not receiving						
Professional Qualification		<input type="checkbox"/> AHKIB <input type="checkbox"/> CFA <input type="checkbox"/> ChFC <input type="checkbox"/> CPA <input type="checkbox"/> FLMI <input type="checkbox"/> HKRFP <input type="checkbox"/> Others: <input type="checkbox"/> ANZIIF <input type="checkbox"/> CFMP <input type="checkbox"/> CLU <input type="checkbox"/> CWM <input type="checkbox"/> FRM <input type="checkbox"/> LUTCF				
Licences Holding in Hong Kong²		<table border="1"> <tr> <td> Investment <input type="checkbox"/> Securities and Futures Commission (SFC) <input type="checkbox"/> Hong Kong Monetary Authority (HKMA) </td> <td> Insurance <input type="checkbox"/> Insurance Authority (IA) </td> <td> MPF <input type="checkbox"/> Mandatory Provident Fund Schemes Authority (MPFA) </td> </tr> </table>		Investment <input type="checkbox"/> Securities and Futures Commission (SFC) <input type="checkbox"/> Hong Kong Monetary Authority (HKMA)	Insurance <input type="checkbox"/> Insurance Authority (IA)	MPF <input type="checkbox"/> Mandatory Provident Fund Schemes Authority (MPFA)
Investment <input type="checkbox"/> Securities and Futures Commission (SFC) <input type="checkbox"/> Hong Kong Monetary Authority (HKMA)	Insurance <input type="checkbox"/> Insurance Authority (IA)	MPF <input type="checkbox"/> Mandatory Provident Fund Schemes Authority (MPFA)				

Highest Level of Education Attained

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

Employment Details

Current Employer					
Current Position			Financial Planning Work Experience (years)		
Employer Code³	<input type="checkbox"/> (C1) AIA <input type="checkbox"/> (C2) AXA <input type="checkbox"/> (C3) Bank of Communications <input type="checkbox"/> (C4) Bank of East Asia <input type="checkbox"/> (C5) Bank of China <input type="checkbox"/> (C6) China Construction Bank <input type="checkbox"/> (C7) Citibank <input type="checkbox"/> (C8) Convooy <input type="checkbox"/> (C9) DBS Bank <input type="checkbox"/> (C10) Hang Seng Bank <input type="checkbox"/> (C11) HSBC <input type="checkbox"/> (C12) FWD Group <input type="checkbox"/> (C13) Manulife	<input type="checkbox"/> (C14) Nanyang Commercial Bank <input type="checkbox"/> (C15) Prudential <input type="checkbox"/> (C16) Shanghai Commercial Bank <input type="checkbox"/> (C17) Standard Chartered Bank <input type="checkbox"/> (C18) UBS	<input type="checkbox"/> (C19) CMB Wing Lung Bank <input type="checkbox"/> (C20) Zurich Insurance Group <input type="checkbox"/> (C22) Sun Life Hong Kong <input type="checkbox"/> (C23) CTF Life <input type="checkbox"/> (C24) China Life	<input type="checkbox"/> (C21) Others	
Industry Code³	<input type="checkbox"/> (I1) Retail Banking <input type="checkbox"/> (I2) Private Banking <input type="checkbox"/> (I3) Investment Banking	<input type="checkbox"/> (I4) Life Insurance <input type="checkbox"/> (I5) General Insurance <input type="checkbox"/> (I6) Independent Financial Advisor	<input type="checkbox"/> (I7) Asset Management <input type="checkbox"/> (I8) Securities Brokerage <input type="checkbox"/> (I9) Legal Practice	<input type="checkbox"/> (I10) Accounting Practice <input type="checkbox"/> (I11) Academia <input type="checkbox"/> (I12) Real Estate Sector <input type="checkbox"/> (I13) Others	
Earnings (Past Year)³	<input type="checkbox"/> (E1) Less than HK\$200,000 <input type="checkbox"/> (E4) HK\$600,000 – less than HK\$800,000 <input type="checkbox"/> (E2) HK\$200,000 – less than HK\$400,000 <input type="checkbox"/> (E5) HK\$800,000 – less than HK\$1,000,000 <input type="checkbox"/> (E3) HK\$400,000 – less than HK\$600,000 <input type="checkbox"/> (E6) HK\$ 1 million or above				
Disclosure of QRA holder's 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.

Section Three: Mark Usage & Continuing Education Declaration

This is to declare that

- I have read and agree to follow the Guideline on Use of the QRA Marks which is available on IFPHK website;
- I understand the CE requirements and obligations of a QRA Holder as specified by IFPHK; and
- I have met the obligations of the proper usage of the QRA marks and the CE requirements for membership renewal for year 2025 (and also year 2024 for applicant of [Category A](#)).



Signature: _____

Date: _____

Please attach your CE attendance records and supporting documentary evidence with this application form.	
<p>Category A : not successfully renewed <u>since year 2024</u></p> <p>CE Requirements each year:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> IFPHK Designated CE Program for QRA holders <i>plus</i> 2 QRA-CE credits </div> <p><u>Designated CE Programs for QRA holders [2023]</u></p> <ul style="list-style-type: none"> - IFPHK Hong Kong Retirement Expense Index, FPSB Global Consumer Survey and "Three Instruments of Peace" <p><u>Designated CE Programs for QRA holders [2024]</u></p> <ul style="list-style-type: none"> - Navigating Retirement Innovations in Hong Kong <p>If you have not done any of the above programs, please contact us at membership@ifphk.org</p>	<p>Category B : not successfully renewed <u>since year 2025</u></p> <p>CE Requirements each year:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> IFPHK Designated CE Program for QRA holders <i>plus</i> 2 QRA-CE credits </div> <p><u>Designated CE Programs for QRA holders [2024]</u></p> <ul style="list-style-type: none"> - Navigating Retirement Innovations in Hong Kong <p>If you have not done any of the above programs, please contact us at membership@ifphk.org</p>

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

Period of Declaration:

<input type="checkbox"/> Category A (1 January 2023 to the date of reinstatement application)	<input type="checkbox"/> Category B (1 January 2024 to the date of reinstatement application)
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- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of any offence other than a minor traffic or littering offence in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or have you ever been declared bankrupt in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused membership of a statutory body or other professional body (including but not limited to Securities and Futures Commission (SFC), Hong Kong Monetary Authority (HKMA), Insurance Authority (IA), Mandatory Provident Fund Schemes Authority (MPFA), The Hong Kong Federation of Insurers (HKFI), The Hong Kong Confederation of Insurance Brokers (HKCIB), Professional Insurance Brokers Association (PIBA)) in respect of your professional capacity in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been refused professional indemnity insurance in Hong Kong or elsewhere?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been imposed disciplinary measure (including but not limited to revocation or partial revocation of license, suspension or partial suspension of license, pecuniary penalty, public reprimand, private reprimand) by a statutory body or professional body (including but not limited to SFC, HKMA, IA, MPFA)?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any other matters that may impact on IFPHK's consideration of your application?
If "yes", please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

- If you have answered "YES" to any of the above questions, please attach all relevant documents relating to the matters at issue.
- A QRA Holder has the obligation to cooperate fully in IFPHK investigation (if any) in relation to his / her declaration above.

Personal Data Agreement

1. 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:
- fully and fairly process my application,
 - disclose any personal data where IFPHK has an obligation to make such disclosure under the requirements of any law binding on IFPHK,
 - disclose to the public my QRA holder's status, date of award, professional standing and history of disciplinary actions as a QRA holder and the date of my ceasing to be a QRA holder (if applicable),
 - use my personal data to compile statistics and analyse the results wholly for use within IFPHK,
 - disclose my personal data to Financial Planning Standards Board Ltd. (FPSB) and its affiliate members for statistical 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 QRA holder's 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.

Application Statement

I declare that the statements made in this application are true and complete. I authorize the investigation of all statements made by me with respect to this registration. If I have been convicted of any offence other than a minor traffic or littering offence or have been expelled from a professional society or institute, I will provide additional relevant documents together with this form.

I understand that the rights to use the QRA marks are granted by IFPHK to me personally. I agree that my QRA holder status is limited to a fixed period of time. At the end of the period, if my membership is not renewed, I agree that my QRA holder status expires immediately and my right to use the QRA marks will terminate. I further agree that if I do not comply with the QRA renewal requirements, I shall cease the use of the QRA marks immediately. I agree that the IFPHK may relinquish any rights I have in the use of the QRA marks if I fail to maintain my QRA holder status.

I agree to be bound by the provisions of the IFPHK's Memorandum and Article of Association as an Associate Member and acknowledge that the Board of Directors of the IFPHK may terminate a person's IFPHK membership if it considers the person not fit to be a member, such as but not limited to where the person has been convicted of a criminal offence, is adjudicated bankrupt, is mentally incapacitated, or if the person's opinion or conduct is injurious to the interest or character of the IFPHK.

Signature: _____

Date: _____

Section Five: Payment Details (Please put a "✓" at the appropriate boxes)
☐ **Category A** : Pay amount: **HK\$2,900**
☐ **Category B** : Pay amount: **HK\$1,500**
Cheque

Cheque No. _____ Drawn on (Bank): _____
 (cheques should be made payable to "IFPHK Ltd.")

For Official Use Only					
Membership No.	QRA	Reinstating year(s)		Payment Confirmed On	
Remarks					

Checklist

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 QRA holder's 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 QRA Membership Reinstatement Form.

Please note that we will begin processing your application. You will be promptly notified of the results once your application has been approved.

For your information, the processing time for this application will be around 6 to 8 weeks. During this period, IFPHK may contact you regarding supplementary information to ensure a smooth process.

If you have any concerns, issues or further queries regarding the QRA membership reinstatement application, please contact us by email at membership@ifphk.org.

Thank you for your continual support to IFPHK.

IFPHK Chop:
Date