| For Official Use Only | |
|---|---|
| Date Received | |
| Final Approval | |

# AFP® Certification Reinstatement Form

| | |
|---|---|
| **Form validity** | **Throughout 2026** |
| **Applicable to** | **Former AFP Certificants who have not renewed since Year 2024 or Year 2025 or Year 2026** |

| | |
|---|---|
| **Former AFP® Certificant No.** | **AFPHK** |
| **English Name** | |

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

Applicants need to meet the respective reinstatement requirements:

❑ For certification not successfully renewed since year 2024

a) Complete and submit this reinstatement form to IFPHK.

b) Pay the amount of HK$5,600 to IFPHK, which includes:

| | |
|---|---|
| Annual certification fee for year 2024 | HK$1,300 |
| Annual certification fee for year 2025 | HK$1,400 |
| Annual certification fee for year 2026 | HK$1,400 |
| 3rd year reinstatement fee | HK$1,500 |

c) Complete 45 credits of continuing education for 2024, 2025 and 2026 certification renewal, which must include at least 6 credits on compliance or ethics (Applicant who was granted the AFP certification on or after 1 July 2023 needs to complete 37.5 CE credits, which must include at least 5 credits on compliance or ethics).

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

❑ For certification not successfully renewed since year 2025

**a)** Complete and submit this reinstatement form to IFPHK.

b) Pay the amount of HK$3,800 to IFPHK, which includes:

| | |
|---|---|
| Annual certification fee for year 2025 | HK$1,400 |
| Annual certification fee for year 2026 | HK$1,400 |
| 2nd year reinstatement fee | HK$1,000 |

c) Complete 30 credits of continuing education for 2025 and 2026 certification renewal, which must include at least 4 credits on compliance or ethics (Applicant who was granted the AFP certification on or after 1 July 2024 needs to complete 22.5 CE credits, which must include at least 3 credits on compliance or ethics).

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

❑ For certification not successfully renewed since year 2026

**a)** Complete and submit this reinstatement form to IFPHK.

b) Pay the amount of HK$1,900 to IFPHK, which includes:

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|---|---|
| Annual certification fee for year 2026 | HK$1,400 |
| 1st year reinstatement fee | HK$500 |

**c)** Complete 15 credits of continuing education for 2026 certification renewal, which must include at least 2 credits on compliance or ethics (Applicant who was granted the AFP certification on or after 1 July 2025 needs to complete 7.5 CE credits, which must include at least 1 credit on compliance or ethics).

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

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: AFP Certification 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 AFP certification 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 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*

| | |
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| **Title** ❑Dr ❑Mr ❑Ms ❑Mrs ❑Miss | **Chinese Name** *(as printed on your ID card/Passport)* |
| **ID/Passport[1] No.** | **Phone Number** (Mobile) (Office) (Home) |
| **Correspondence Address** | |
| **Email Address** | |
| **Receiving publications** | ❑ Online publications *(default)* ❑ Printed publications |
| **Language of communication** | ❑ English *(default)* ❑ 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. ❑ ☑ = Not receiving | |
| **Professional Qualification** | ❑ AHKIB ❑ CFA ❑ ChFC ❑ CPA ❑ FLMI ❑ HKRFP ❑ Others: ❑ ANZIIF ❑ CFMP ❑ CLU ❑ CWM ❑ FRM ❑ LUTCF |

| **Licences Holding in Hong Kong[2]** | Investment | Insurance | MPF |
|---|---|---|---|
| | ❑ Securities and Futures Commission (SFC)<br>❑ Hong Kong Monetary Authority (HKMA) | ❑ Insurance Authority (IA) | ❑ 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 Code[3]** | ❑ (C1) AIA<br>❑ (C2) AXA<br>❑ (C3) Bank of Communications<br>❑ (C4) Bank of East Asia<br>❑ (C5) Bank of China<br>❑ (C6) China Construction Bank | ❑ (C7) Citibank<br>❑ (C8) Convoy<br>❑ (C9) DBS Bank<br>❑ (C10) Hang Seng Bank<br>❑ (C11) HSBC<br>❑ (C12) FWD Group<br>❑ (C13) Manulife | ❑ (C14) Nanyang Commercial Bank<br>❑ (C15) Prudential<br>❑ (C16) Shanghai Commercial Bank<br>❑ (C17) Standard Chartered Bank<br>❑ (C18) UBS | ❑ (C19) CMB Wing Lung Bank<br>❑ (C20) Zurich Insurance Group<br>❑ (C22) Sun Life Hong Kong<br>❑ (C23) CTF Life<br>❑ (C24) China Life | ❑ (C21) Others |
| **Industry Code[3]** | ❑ (I1) Retail Banking<br>❑ (I2) Private Banking<br>❑ (I3) Investment Banking | ❑ (I4) Life Insurance<br>❑ (I5) General Insurance<br>❑ (I6) Independent Financial Advisor | ❑ (I7) Asset Management<br>❑ (I8) Securities Brokerage<br>❑ (I9) Legal Practice | ❑ (I10) Accounting Practice<br>❑ (I11) Academia<br>❑ (I12) Real Estate Sector<br>❑ (I13) Others | |
| **Earnings (Past Year)[3]** | ❑ (E1) Less than HK$200,000<br>❑ (E2) HK$200,000 – less than HK$400,000<br>❑ (E3) HK$400,000 – less than HK$600,000 | ❑ (E4) HK$600,000 – less than HK$800,000<br>❑ (E5) HK$800,000 – less than HK$1,000,000<br>❑ (E6) HK$ 1 million or above | | | |
| **Disclosure of certification 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

a) I have read and agree to follow the *Guide to Use of the AFP® Marks* which is available at the AFP® Certificant Manual; and

b) I understand the CE requirement and obligations of an ASSOCIATE FINANCIAL PLANNER® certificant, and an ordinary member of IFPHK (if applicable) as specified by IFPHK

and that I have met the obligations of the proper usage of the AFP trademarks and CE requirement for certification reinstatement.

Signature: _____ Date: _____

| **Please attach your CE attendance records and supporting documentary evidence with this application form for IFPHK's evaluation.** |
|---|
| For certification not successfully renewed since year 2024<br>CE Requirements: For 2024,15 CE credits completed in 2023 (at least 2 credits on compliance/ethics topics)<br>For 2025,15 CE credits completed in 2024 (at least 2 credits on compliance/ethics topics)<br>For 2026,15 CE credits completed in 2025 (at least 2 credits on compliance/ethics topics)<br>～ i.e. a total of **45 CE credits** (at least **6 credits on compliance/ethics topics**) ～ |
| For certification not successfully renewed since year 2025<br>CE Requirements: For 2025,15 CE credits completed in 2024 (at least 2 credits on compliance/ethics topics)<br>For 2026,15 CE credits completed in 2025 (at least 2 credits on compliance/ethics topics)<br>～ i.e. a total of **30 CE credits** (at least **4 credits on compliance/ethics topics**) ～ |
| For certification not successfully renewed since year 2026<br>CE Requirements: For 2026,15 CE credits completed in 2025 (at least 2 credits on compliance/ethics topics)<br>～ i.e. a total of **15 CE credits** (at least **2 credits on compliance/ethics topics**) ～ |

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

Period of Declaration:

| | | |
|---|---|---|
| ❑ 1 January 2023 to the date of reinstatement application (for certification not successfully renewed since year 2024) | ❑ 1 January 2024 to the date of reinstatement application (for certification not successfully renewed since year 2025) | ❑ 1 January 2025 to the date of reinstatement application (for certification not successfully renewed since year 2026) |

| | | Yes | No |
|---|---|---|---|
| 1. | Have you ever been convicted of any offence other than a minor traffic or littering offence in Hong Kong or elsewhere?<br>If "yes", please specify: _____ | ❑ | ❑ |
| 2. | Are you or have you ever been declared bankrupt in Hong Kong or elsewhere?<br>If "yes", please specify: _____ | ❑ | ❑ |
| 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?<br>If "yes", please specify: _____ | ❑ | ❑ |
| 4. | Have you ever been refused professional indemnity insurance in Hong Kong or elsewhere?<br>If "yes", please specify: _____ | ❑ | ❑ |
| 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)?<br>If "yes", please specify: _____ | ❑ | ❑ |
| 6. | Are you aware of any other matters that may impact on IFPHK's consideration of your application?<br>If "yes", please specify: _____ | ❑ | ❑ |

**Notes:**
1. **If you have answered "YES" to any of the above questions, please attach all relevant documents relating to the matters at issue.**
2. **AFP Certificant has the obligation to cooperate fully in IFPHK investigation (if any) in relation to his / her declaration above.**

**Terms and Conditions of Re-certification**

1. I understand and agree to comply with all conditions, requirements, policies and procedures for the AFP Certification Program established by IFPHK as may be amended from time to time. I understand that such conditions, requirements, policies and procedures consist of all materials relevant to the AFP Certification Program including but not limited to IFPHK's Memorandum and Article of Association, IFPHK's Disciplinary Rules and Procedures, and IFPHK's Code of Ethics and Professional Responsibility and any conditions, requirements, policies and procedures that IFPHK may establish and/or amend from time to time.
2. I understand and agree that in consideration of IFPHK granting me the rights to use the AFP trademarks, I shall observe and adhere to the *Guide to Use of the AFP® Marks* and shall indemnify IFPHK and FPSB for all liability, loss and damages, costs, legal costs, professional costs and expenses of whatsoever nature incurred or suffered by FPSB or IFPHK whether direct or consequential arising out of, or as a result of, my, or my permitting the, misuse of the trademarks otherwise than strictly in accordance with the *Guide to Use of the AFP® Marks*.
3. I understand and agree that IFPHK may enforce the conditions, requirements, policies and procedures as mentioned in (1) above against me and may reject, suspend or terminate my right to use the AFP trademarks (if granted) at any time, for my failure to satisfactorily meet any such conditions, requirements, policies and procedures.
4. I understand that the rights to use the AFP trademarks are granted by IFPHK to me personally. I understand that my AFP certification is limited to a fixed period of time. At the end of the period, if my certification is not renewed, my certification expires immediately and any right to use the AFP trademarks will terminate upon expiration of the certification. If I fail to comply with certification renewal requirements, I agree to cease use of the AFP trademarks immediately. I understand that the IFPHK may relinquish any rights I have in the use of AFP trademarks if I fail to maintain certification status.
5. I understand that upon successful application for re-certification with the IFPHK, the IFPHK will grant me a complimentary ordinary membership under IFPHK's Articles of Association. I understand that I may withdraw my IFPHK membership by sending a written request to the Operations Department of IFPHK.
6. I understand and agree that fees paid pursuant to my application are non-refundable and non-transferable.

**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:
    a. fully and fairly process my application,
    b. disclose any personal data where IFPHK has an obligation to make such disclosure under the requirements of any law binding on IFPHK,
    c. disclose to the public my certification status, date of certification, professional standing and history of disciplinary actions as a AFP certificant and the date of my ceasing to be a AFP certificant (if applicable),
    d. use my personal data to compile statistics and analyse the results wholly for use within IFPHK,
    e. disclose my personal data to Financial Planning Standards Board Ltd. (FPSB) and its affiliate members for statistical purpose or certification / cross-border certification related 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 AFP certification 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.

**I understand and agree to the Terms and Conditions of Re-certification and the above Personal Data Agreement. Also, I declare that the information contained in this application is truthful and complete, and I agree to notify IFPHK of any material changes to my responses to any of the questions in this application, including my contact details. I understand and agree that IFPHK may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary actions for any misrepresentation (whether fraudulent or otherwise) in this application.**

Signature: _____ Date: _____

## Section Five: Payment Details (Please put a "✓" at the appropriate boxes)

| | | |
|---|---|---|
| ❑ Pay amount: **HK$5,600** (for certification not successfully renewed since year 2024) | ❑ Pay amount: **HK$3,800** (for certification not successfully renewed since year 2025) | ❑ Pay amount: **HK$1,900** (for certification not successfully renewed since year 2026) |

**Cheque**

Cheque No. _____ Drawn on (Bank): _____

(cheques should be made payable to "IFPHK Ltd.")

| **For Official Use Only** | | | | | |
|---|---|---|---|---|---|
| **Certificant No.** | **AFPHK** | **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 certification 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 AFP® Certification 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 AFP certification reinstatement application, please contact us by email at cert@ifphk.org.

Thank you for your continual support of the highly-regarded AFP® Certification.

| IFPHK Chop: |
|---|
| Date |