

APFP DESIGNATION RENEWAL APPLICATION FORM FOR YEAR 2010



APFP No.: AP
 Date Joined: _____

APFP Designation Renewal Application Form

IMPORTANT NOTES

1. APFP holders are required to renew their designation annually in order to continue using the APFP designation. To renew their designation, APFP holders must maintain technical competence and fulfill ethical obligations. They must complete a minimum of 15 credits of continuing education (CE) every year. APFP holders who were granted the designation after 1 July 2009 may complete a minimum of 7.5 CE credits to meet the renewal requirement for the first year.
2. In addition to the annual continuing education requirement, all APFP holders voluntarily disclose any public, civil, criminal or disciplinary actions that may have been taken against them during the previous year as part of the renewal process.
3. The one year period of using the APFP designation is by calendar year, from 1 January to 31 December. **Deadline for submitting the complete renewal application for year 2010: 31 December 2009.**
4. Completed application form with appropriate annual fee must be received by IFPHK on or before the deadline on 31 December. If an APFP holder has failed to submit the renewal application by 31 December, a late fee of HK\$100 will be added to the regular annual fee for completed application submitted between 1 January and the last day of February in the following year.
5. If a complete application is not received by the end of February in the following year, the APFP holder will be considered as not having satisfied the renewal requirements and the designation will automatically be suspended. The list of "temporarily suspended APFP holders" will be posted on IFPHK's website and published in our official publication for public's information. IFPHK may take any other actions it deems appropriate.
6. Please note that the complete application must be submitted in person or by mail to the office:

**Operations Department
 Institute of Financial Planners of Hong Kong
 Unit 2601, 26th Floor, Bank of East Asia Harbour View Centre
 56 Gloucester Road, Wanchai, Hong Kong**

"Re: APFP Designation Renewal"

7. 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 APFP designation renewal application, please contact us at 2982 7888 or by email: cert@ifphk.org.

For Official Use Only					
Date Received	Data Entry	Completed with all info	Payment	Evaluation	Approval (subject to audit)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	To F&A on: Confirmed on:		
Follow up/ Remarks:					

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SECTION ONE: PERSONAL PROFILE

Remarks: No verbal request for changes over the phone will be accepted.



APFP No.: AP

Title: * Dr/Mr/Mrs/Ms/Miss **Name:** _____ (Eng) _____ (Chinese)
(as printed on your ID card/passport)

HKID/ Passport* No.: _____

Professional Qualification: CFA / CGA / CMA / ChFC / CLU / ANZIIF / FCII / FSA / FCPA / CPA / Doctoral Degree / Others* _____

Email Address: _____
(for sending acknowledgement of receipt if applicable)

* circle where appropriate

Contact Details

Correspondence Address: _____

Tel: _____ (Mobile) _____ (Office) _____ (Home)

Fax: _____ **Email Address:** _____
(if different from above)

Details of Highest Level of Education Attained

Name of Education Institution: _____

Qualification Attained: _____

Currently Held Statutory Licences

SFC	
<input type="checkbox"/> Type 1 Dealing in Securities <input type="checkbox"/> Type 2 Dealing in Futures Contracts <input type="checkbox"/> Type 3 Leveraged Foreign Exchange Trading <input type="checkbox"/> Type 4 Advising on Securities <input type="checkbox"/> Type 5 Advising on Futures Contracts	<input type="checkbox"/> Type 6 Advising on Corporate Finance <input type="checkbox"/> Type 7 Providing Automated Trading Services <input type="checkbox"/> Type 8 Securities Margin Financing <input type="checkbox"/> Type 9 Asset Management
IA	
<input type="checkbox"/> Individual Agent <input type="checkbox"/> Responsible Officer of Insurance Agency	<input type="checkbox"/> Technical Representative of Insurance Agent
Others	
<input type="checkbox"/> MPF Intermediaries <input type="checkbox"/> PIBA	<input type="checkbox"/> CIB

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Employment Details

Current Employer: _____

Current Position: _____

Industry of Employment: _____ **I**
 (Please refer to the Industry Code below and choose the one that best describes the industry you are serving)

Years of Financial Planning Work Experience: _____

Earnings in the Past Year (Please refer to the Earnings Code below): _____ **E**

Compulsory field to be filled in for statistical purpose

Industry Code:

I 1 Retail Banking	I 6 Independent Financial Advisor	I 11 Accounting Practice
I 2 Private Banking	I 7 Fund House	I 12 Academia
I 3 Investment Banking	I 8 Asset Management	I 13 Real Estate Sector
I 4 Life Insurance	I 9 Securities Brokerage	I 14 Others
I 5 General Insurance	I 10 Legal Practice	

Earnings Code:

E 1 Less than HK\$200,000	E 4 HK\$600,000 – less than HK\$800,000
E 2 HK\$200,000 – less than HK\$400,000	E 5 HK\$800,000 – less than HK\$1,000,000
E 3 HK\$400,000 – less than HK\$600,000	E 6 HK\$ 1 million or above

Preference

- To help save the environment, will you consider online renewal with IFPHK sending you a reminder notice?
 - Yes (IFPHK will send you a reminder notice for online renewal)
 - No (IFPHK will send you the printed renewal pack with enclosed renewal form)
- To help save the environment, will you consider receiving the online version of the IFPHK journal / newsletter?
 - Yes (IFPHK will send you an email alert for downloading the latest copy of the IFPHK journal / newsletter)
 - No (IFPHK will send you the printed version of the IFPHK journal / newsletter)
- If you do not want to receive any promotional emails from IFPHK, please "tick" here.
- IFPHK always strives to communicate with you in bilingual format (English and Chinese). If a bilingual format is not available, please indicate your preferred language of communication*:
 - English
 - Chinese

* Note: IFPHK will take into consideration your preferred language whenever possible. However, certain publications/communications channel may not be translated to the preferred language due to copyright, legal or other reasons.

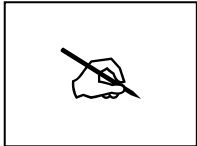
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SECTION TWO: CONTINUING EDUCATION DECLARATION

This is to declare that I understand the CE requirement and obligation of

- a) an Associate Personal Financial Planner (APFP); and
- b) an associate member of IFPHK (if applicable)

as specified by IFPHK; and that I have met the CE requirement and obligations for 2010 designation renewal.



Signature: _____ Date: _____

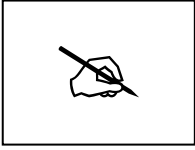
NOTES:

1. APFP holders are required to maintain attendance records and supporting documentary evidence of CE activities for a period of up to 3 years.
2. All filings and records of CE activities are subject to audit by IFPHK where APFP holders will be required to provide all attendance records and supporting documentary evidence upon request. Failure to provide the evidence may lead to disciplinary action including but not limited to the relinquishment of the APFP designation.
3. Please do not submit any CE attendance records and supporting documentary evidence with this application form unless specifically requested to do so.
4. For those APFP holders who have not signed the Continuing Education Declaration, or have not acquired enough CE credits, are both considered non-compliance with the CE requirement. Their rights to use the APFP designation will be suspended until they have successfully renewed their designation.
5. APFP holders who cannot comply with the renewal requirements for health reasons or other circumstances beyond their control can submit a written request to IFPHK for consideration. Such requests must include an explanatory letter and all applicable supporting documentation. These exception cases will be considered by the Operations Department on a case-by-case basis.

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SECTION THREE: ETHICS DECLARATION

Period of Declaration: 1 January 2009 to date of application for renewal



- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. In the period of declaration, have you been convicted of an offence involving a criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the period of declaration, have you been bankrupt, whether declared or not? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the period of declaration, have you been refused membership of a statutory body or other professional body in respect of your professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the period of declaration, have you been refused professional indemnity insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the period of declaration, have you been subject to disciplinary proceedings or expelled by a statutory body or other professional body in respect of your professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any other matters that may impact on IFPHK's consideration of your application? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If you have answered YES to any of the above questions, please provide more details by attaching all relevant documents relating to the matters at issue.

Terms and Conditions of APFP Designation Renewal

1. I have read and agree to be bound by IFPHK's *Memorandum and Article of Association* and the Regulations of the APFP designation, as updated from time to time, together with the various documents referenced therein, including IFPHK's *Disciplinary Rules and Procedures* and IFPHK's *Code of Ethics and Professional Responsibility* at all times in practice.
2. I understand that the rights to use the APFP designation are granted by IFPHK to me. I understand that the use of such a designation is limited to a fixed period of time. At the end of the period, if the designation is not renewed, the designation expires and any right to use the APFP designation will terminate upon expiration of the designation but without prejudice to any rights which IFPHK may have against me for any antecedent breaches of the IFPHK's *Code of Ethics and Professional Responsibility* as well as the *Memorandum and Article of Association* and/or the misuse of the APFP designation prior to the termination of the designation. If I fail to comply with designation renewal requirements, I agree to cease use of the APFP designation immediately. I understand that the IFPHK may relinquish any rights I have in the use of APFP designation if I fail to maintain current designation status.

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Data Protection 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 my designation status, date of award of designation, professional standing and history of disciplinary actions as an APFP holder and the date of my ceasing to be an APFP holder (if applicable) to the public,
 - 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.
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 APFP designation 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 following address:

Institute of Financial Planners of Hong Kong
Unit 2601, 26th Floor, Bank of East Asia Harbour View Centre
56 Gloucester Road, Wanchai, Hong Kong

I declare that the statements made in this application and any attachments are accurate and true. I authorise the investigation of all statements made by me with respect to this application. I agree to be subject to any disciplinary rules of IFPHK for any misrepresentation in this application.

Signature: _____ Date: _____

A complimentary Associate Membership of IFPHK goes along with the successful renewal of APFP designation, please indicate below if you would not like to enjoy this benefit:

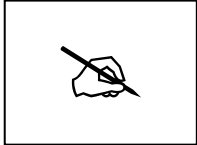
No, I do not want to join IFPHK as Associate Member

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SECTION FOUR: PROCESS AND PAYMENT DETAILS

Annual fee for Year 2010: HK\$600 (in which, 15% will be contributed to IFPHK capital fund)

For late application submitted between 1 January 2010 and 28 February 2010, a late fee of HK\$100 will be charged.



Renewal application submitted by 31/12/2009 Pay amount: HK\$600	<input type="checkbox"/>	Renewal application submitted between 1/1/2010 and 28/2/2010 Pay amount: HK\$700	<input type="checkbox"/>
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Payment by cheque to: "IFPHK Ltd." (Bank: _____ Cheque No.: _____)

Payment by credit card: VISA MasterCard

Card No.: -

Card Expiry Date: /

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

For Official Use Only		
APFP No.	Name of APFP Holder	Remarks
AP		

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ACKNOWLEDGEMENT OF RECEIPT

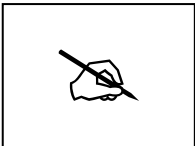
For Renewal Application Form Submitted by Mail or by Courier

The acknowledgement of receipt will be sent to you via email to the email address provided at Section One: Personal Profile of this renewal form. If email address is not provided, there will be no acknowledgement sent.



ACKNOWLEDGEMENT OF RECEIPT

For Renewal Application Form Submitted in Person



To: _____ (Please fill in your full name)

We hereby acknowledge the receipt of your APFP Designation Renewal Application Form for Year 2010.

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 APFP designation renewal application, please contact us by email at cert@ifphk.org.

Thank you for your continual support of the APFP designation.

Institute of Financial Planners of Hong Kong

Date