



Registered and Trademarked

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Registered Financial Planners Institute Designation & Membership Application 美国注册财务策划师协会 资格及持证人申请

OFFICE USE ONLY DATE RECEIVED APPROVED BY PAID BY AMT MEMBERSHIP #

Please submit your application together with your type resume, other supporting documents and payment to the following address: PO Box no. 70815, Kowloon Central Post Office, Kowloon, Hong Kong

Please complete all areas. (Type Information or complete in BLOCK LETTERS) 请填写所有部分 (请用英文正楷填写)

Name 姓名: () Identity Card No. 身份证号码: 中文姓名

Resident Address 住宅地址:

City 城市: State/Country 国家:

Home Phone 住宅电话: Business Phone 办公室电话:

Cellular Phone 手提电话: Fax number 传真:

E-mail 电子邮箱: Website 网址:

Present Employer 现时雇主:

Business Address 工作地址:

City 城市: State/Country 国家:

Type of Business 工作性质:

Date Started 开始日期: Current Position 现时职位:

Other Business Experience and number of years 其它工作经验及年期:

Types of License(s) or Registrations/Certifications held: 所持有的执业牌照种类及其它登记、证书

Attorney 律师: Date Licensed 取得日期 State 国家 Insurance License # 保险牌照号码 Date Licensed 取得日期 State 国家 Real Estate License # 房地产牌照号码 Date Licensed 取得日期 State 国家 Securities License# 证券牌照号码 Date Licensed 取得日期 State 国家 CPA/Tax Accountant 会计师/税务会计师 Date Licensed 取得日期 State 国家 Banking 银行 Date 取得日期 State 国家 Other 其它 Date 取得日期 State 国家

Please name training completed in any of the previous fields mentioned. Provide dates and number of credit hours received (please include company training) 请提供过去曾参与有关上述资格的培训课程资料、日期及其所获得的学分 (包括公司内部培训):

Please list your highest education completed 请填写您的最高学历HS 中学 _____ 您的最高学历填到对应的学校后面, 如果没有不填 _____

Graduate Degree 大学 _____ Specialty School/Other 专科学校或其它 _____

Please list other organizations/designations that you have 请填写您所持有的其它专业资格: _____ 有考计算机或者普通话等证书填, 没有不填 _____

List below (or on attached piece of paper) the names and addresses of three (3) references who can attest to your character and financial planning ability in your respective field 请于下列字段 (或另备附件) 提供三名咨询人姓名及地址以供查核您的品格及对财务策划的能力:

NAME 姓名	ADDRESS 地址	PHONE#电话号码

Has your membership/license to any organization ever been suspended or revoked? YES 有 没有
 您在其它机构所获得的会籍或牌照曾被中止或取消?

If yes, give brief explanation 如填写“有”, 请说明原因 _____

Has there ever been any disciplinary action taken against you? YES 有 没有
 您以往曾被纪律处分吗?

If yes, give brief explanation 如填写“有”, 请说明原因 _____

Please give any other information which you feel may be helpful, i.e. educational background, methods used/list of represented clients (If available, attach a list of credentials you submit to your clients) 请提供其它您认为对您的申请有帮助的数据, 如学历背景、学习方式等:

Please read the following Statement carefully before signing 请在签署前细阅以下声明:

I hereby submit this application to the Registered Financial Planners Institute and verify that all information to the best of my knowledge is accurate and complete. If approved, I shall abide by the rules, regulations and Code of Ethics of the Registered Financial Planners Institute. I also agree to attend a minimum of 20 hours of continuing education every three (3) years in my respective field and supply proof of credits earned to the Institute during the required reporting period. I also understand that my names, specialty and contact information will be shown on the Internet unless specifically requested. If not approved, I understand that I will be refunded my application fee.

本人现申请成为美国注册财务策划师协会持证人并声明所申报数据是准确及完整。如本人被接纳为持证人, 本人将遵守协会所制定之章程及专业操守。本人同意遵守协会所订明之每三年提供最少 20 小时相关持续进修纪录予协会。本人亦同意将本人姓名及相关数据显示于协会之网页上 (除非本人提出异议)。如本人入会申请被拒, 所交之入会费用将被发还。

Signature of Applicant 申请人签署

Date 日期

Please sign below if you do not want your information shown on Registered Financial Planners website in the member directory. 如您不欲将个人资料放在美国注册财务策划师协会网址内的持证人名单上, 请于下栏签署。

I prefer **not to be** listed on the Internet at this time 本人现不欲将个人资料放在美国注册财务策划师协会网上 _____



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Registered Financial Planners Institute Designation & Membership Application - Working Experience Form

美国注册财务策划师协会 资格及持证人申请 - 持证人工作经验申报表

Please write clearly 请用英文清楚填写以下数据:

Name in English 英文姓名: _____ 中文姓名: _____

Present Employer 现时雇主: _____

Current Position 现时职位: _____

Years of Working Experience 工作年资:
 below 3 years 三年以下
 3-5 years 三至五年
 6-10 years 六至十年
 more than 10 years 十年以上

Nature of Business 工作性质:
 Banking 银行 Securities 证券
 Finance 金融 Financial Planning 财务策划
 Insurance 保险 Advisory 咨询
 Accounting 会计
 Legal 法律
 Others, please specify 其它, 请注明 _____

Details of Work History (in chronological order) 过往工作经验 (按任职先后顺序列出)

Year 年份	Previous Employer 过往曾服务机构名称	Brief description of work duties 工作简介	Position 职衔名称

Signature 签署 _____

Date 日期 _____