

Application Form for Grandfathering



Private Wealth
Management
Association

Personal Particulars

(Please use block letters for completion of the information requested below and the name should **match** your HKID/passport record)

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		HK I.D. / Passport No.	
Family Name: <i>(as on HKID/Passport)</i>		Chinese Name: <i>(if applicable)</i>	
Given Name: <i>(as on HKID/Passport)</i>			
English Name: <i>(as on HKID/Passport)</i>		Date of Birth: <i>(DD/MM/YYYY)</i>	
Institution: <i>(Select from list)</i>			
Department:			
Position: <i>(Select from list or typewrite)</i>		Email Address:	
Contact No.:	<i>(Office)</i>	<i>(Mobile)</i>	<i>(Home)</i>
Office Address:			
Correspondence Address: <i>(if different from the above)</i>			

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Employment History

(List employment histories of PWM experience and/or relevant financial services experience only)

Employer	Position	Employment Period <i>(DD/MM/YYYY)</i>	Roles Verified By	Key Responsibilities
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	
		from to	<input type="checkbox"/> HR <input type="checkbox"/> Self-Declared	

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Disciplinary Actions and Investigations, Financial Status and Character

You are required to answer the following questions by selecting "Yes" or "No".

1. Have you ever been reprimanded, censured, disciplined by any professional or regulatory authority?
 Yes No
2. Have you ever had a record of non-compliance with various non-statutory codes, or been censured, disciplined or disqualified by any professional or regulatory body in relation to your profession?
 Yes No
3. Have you ever been investigated about offences involving fraud or dishonesty or adjudged by a court to be criminally or civilly liable for fraud, dishonesty or misfeasance?
 Yes No
4. Have you ever been refused or restricted from the right to carry on any profession for which a specific license, registration or other authorisation is required by law?
 Yes No
5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?
 Yes No

Notes: If you have answered "Yes" to any of the above questions, please provide more details by attaching all relevant documents relating to the matter(s) at issue.

Payment

Application fee of HK\$2,000 should be made payable by cheque to "Private Wealth Management Association Limited".

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Acknowledgement and Declaration

- I declare that all information I have provided in this form is true and correct.
- I understand that the paid fees are non-refundable and non-transferable.
- I authorise the PWMA to obtain, and the relevant authorities to release, any information about my qualifications and/or employment as required for my application.
- I acknowledge that PWMA has the right to withdraw approval of grandfathering status and/or my CPWP designation if I do not meet the requirements.
- I confirm that I have read and understood the Personal Information Collection Statement set out in the website of PWMA at www.pwma.org.hk and consent to the terms set out therein.

Signature _____
Date
[Name: _____]

Verification by Relevant Department

The employment information provided by the applicant in this form has been verified to be consistent with the information on the applicant which is retained by the HR department of the employer of the applicant where the firm has a record of this information.

Signature & Company Chop _____
Date
[Name: _____]
[Department: _____]

Grandfathering Application

Self-declaration on Key Roles / Responsibilities for Advisory Portfolio Management

Note:

1. Please fill in **ONE** form for each relevant functional title / position for your application.
2. Please use **BLOCK LETTERS** for completion of the information requested below.
3. The name of the applicant should match with that on his / her HKID card or passport, whichever applicable.

Full Name of Applicant	
Name of Employer	
Business Division / Department	
Functional Title / Position	
Private Wealth Management Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Period (DD/MM/YYYY)	From: _____ To: _____
Actual Number of Years and Months in the Position / Title	_____ Years _____ Months
Discounted Number of Years and Months in the Position / Title (for Non-Private Wealth Management Experience Only – Discount by 50%)	_____ Years _____ Months (i.e.: Number of Years of Services in Other Financial Services Industry / 2)
Overseas experience?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, country of experience: _____

Please tick the appropriate key roles / responsibilities in relation to your functional title / position described above.

Key roles / responsibilities	Tick where appropriate
1. Identifying and originating new customer relationships, and developing existing relationships	<input type="checkbox"/>
2. Performing “know your customer” procedure, including collecting relevant customer information, performing and documenting customer needs analysis and customer risk profiling, documenting investment objectives and strategies and / or investment mandate	<input type="checkbox"/>
3. Delivering wealth management advice and solutions to customers, taking into account customers’ circumstances, and working closely with relevant parties (e.g. Product Specialists and Portfolio Management Specialists) as appropriate	<input type="checkbox"/>

4. Explaining key features, structures and risks of wealth management products to customers, and explaining (and negotiating) respective terms and conditions	<input type="checkbox"/>
5. Making investment recommendations and /or solicitations to customers, and, unless an exemption applies, providing a copy of the rationale to customers	<input type="checkbox"/>
6. Working closely with relevant parties to ensure timely and accurate execution of transactions	<input type="checkbox"/>
7. Coordinating closely with relevant parties (e.g. Operations and Compliance) to conduct regular review of the performance of customers' asset portfolio (e.g. financial performance, quality of account service, and anti-money laundering / counter-terrorist financing issues)	<input type="checkbox"/>
8. Maintaining customer relationship and updating customer risk profile regularly and as appropriate	<input type="checkbox"/>

Signature of Applicant: _____

Date: _____

Grandfathering Application

Self-declaration on Key Roles / Responsibilities for Discretionary Portfolio Management

Note:

1. Please fill in **ONE** form for each relevant functional title / position for your application.
2. Please use **BLOCK LETTERS** for completion of the information requested below.
3. The name of the applicant should match with that on his / her HKID card or passport, whichever applicable.

Full Name of Applicant	
Name of Employer	
Business Division / Department	
Functional Title / Position	
Private Wealth Management Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Period (DD/MM/YYYY)	From: _____ To: _____
Actual Number of Years and Months in the Position / Title	_____ Years _____ Months
Discounted Number of Years and Months in the Position / Title (for Non-Private Wealth Management Experience Only – Discount by 50%)	_____ Years _____ Months (i.e.: Number of Years of Services in Other Financial Services Industry / 2)
Overseas experience?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, country of experience: _____

Please tick the appropriate key roles / responsibilities in relation to your functional title / position described above.

Key roles / responsibilities	Tick where appropriate
1. Performing “know your customer” procedure, including collecting relevant customer information, performing and documenting customer needs analysis and customer risk profiling, documenting investment objectives and constraints; developing investment mandate and portfolio strategies; and explaining and document the basis of the portfolio strategies and investment mandate	<input type="checkbox"/>
2. Executing investment transactions in accordance with customer’s investment objectives, investment mandates, and portfolio strategies, and working closely with relevant parties to ensure timely and accurate execution of transaction	<input type="checkbox"/>
3. Keeping customers informed of the portfolio performance, and regularly monitoring and managing customers’ portfolio in accordance with pre-defined investment objectives, investment mandates, and portfolio strategies	<input type="checkbox"/>

4. Maintaining customer relationship, conducting periodic review of customer account and portfolio, and updating customer risk profile regularly and as appropriate	<input type="checkbox"/>
5. Confirming with customers with discretionary accounts at least annually whether they wish to revoke that authority	<input type="checkbox"/>

Signature of Applicant: _____

Date: _____