

**CIWM EXAMINATION – ENROLMENT FORM**  
**March 2021 Examination Session**

**For Office Use Only**

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Handle By: \_\_\_\_\_

Counter Remark: \_\_\_\_\_

ACIIA Cand ID.: \_\_\_\_\_

Individual ID: \_\_\_\_\_

**IMPORTANT NOTE**

All offline enrolment will be charged an administration fee of HK\$100 per application form. The administration fee is waived by submitting enrolment online via [HKSI Institute Online Portal \(https://login.hksi.org\)](https://login.hksi.org) or first time application for the CIWM Examination.

Please read the “**CIWM® EXAMINATION – Examination Handbook**” carefully before completing this form. The Examination Handbook is downloadable from the HKSI Institute website.

Please complete legibly the relevant parts in **BLOCK LETTERS** and in **BLACK** or **BLUE INK** and put a “✓” in the appropriate “□”. New applicants of the CIWM programme are required to complete Parts 1, 2, 3, 4, 5 and 6. Existing CIWM candidates are required to complete Parts 1, 2, 3, 4 and 6.

**PART 1: Personal Particulars (COMPULSORY)**

(As stated on your HK Identity Card / Passport)

Surname in English			First Name in English		
中文姓名(Name in Chinese)			HKSI Institute Membership Number		
HK Identity Card/Passport Number <small>You are required to present the original copy of the identification document(s) specified above during the examination</small>					
Date of Birth		DD	MM	YY	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.
					Mobile Phone Number
Email Address			<small>Please provide your PERSONAL email address for receiving your password of the HKSI Institute Online Portal, Learning Platform and important communications from the HKSI Institute.</small>		
Place of Birth			Nationality		
Name of Company			Position Held		

**PART 2: Other Information (For statistical analysis and promotion)**

**Education :**

- Secondary or below     Post-secondary     Degree Graduate     Master or above

**Main Working Field :**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Securities Dealing & Advising      | <input type="checkbox"/> Derivatives Dealing & Advising | <input type="checkbox"/> Credit Rating Services |
| <input type="checkbox"/> Leveraged Foreign Exchange Trading | <input type="checkbox"/> Corporate Finance              | <input type="checkbox"/> Asset Management       |
| <input type="checkbox"/> Banking                            | <input type="checkbox"/> Private Wealth Management      | <input type="checkbox"/> Accounting             |
| <input type="checkbox"/> Legal Services                     | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Training and Education |
| <input type="checkbox"/> Student                            | <input type="checkbox"/> Others (Please specify _____)  | <input type="checkbox"/> Unemployed             |

**Work Experience :**

- < 1 year     1 – 4 years     5 – 10 years     11 – 15 years     > 15 years

**Firm Size :**

- < 100 employees     100 – 299 employees     300 – 499 employees     500+ employees

**Mode of Study :**

- Self-study     Others (Please specify \_\_\_\_\_)
- Preparatory Courses (Please specify the name of institution and course name \_\_\_\_\_)
- Revision Workshops (Please specify the name of institution and course name \_\_\_\_\_)

**I know about this examination from :**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> HKSI Institute Website            | <input type="checkbox"/> HKSI Institute Office            | <input type="checkbox"/> HKSI Institute Evening Course |
| <input type="checkbox"/> HKSI Institute Professional Event | <input type="checkbox"/> Newspaper (Please specify _____) |  |
| <input type="checkbox"/> Regulators                        | <input type="checkbox"/> Employer                         | <input type="checkbox"/> Friends                       |
|  |   | <input type="checkbox"/> Others (Please specify _____) |

**PART 3: Examination Information**

<b>Examination Paper</b>	<b>(Examination Enrolment Deadline: 8 February 2021)</b>	<b>Fee</b>
<input type="checkbox"/> Paper 1		HK\$5,800
<input type="checkbox"/> One-off fee	Applicants have to pay the one-off fee when they enrol for the CIWM Examination in their first attempt.	HK\$5,200
<input type="checkbox"/> Administration Fee	The HKSI Institute will charges an administration fee of HK\$100 per application form. (Not applicable to first time application of CIWM Examination)	HK\$100
<b>Total:</b>		

**PART 4: Payment** EPS Company Cheque

Please make a crossed cheque payable to the Hong Kong Securities and Investment Institute. Post-dated cheques will not be accepted. Please write your full name in English, the examination for which you are registering and your daytime contact telephone number on the back of the crossed cheque.

 American Express Card

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 VISA/Master Card

					-							-					
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Expiry Date

mm yy

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Approval Code**Please charge payment to credit card.**Cardholder's Name : \_\_\_\_\_  
(Card holder must be the applicant)Cardholder Signature : \_\_\_\_\_  
(The signature must match with the one on your credit card)**Part 5: Education/Professional Qualification (Only applicable and COMPULSORY to NEW applicants)**

Please provide details of qualification(s) relevant to the entry requirements of the CIWM Examination and attach a photocopy of each of your certificate(s), official transcript(s), syllabus(es) and other supporting document(s)

**Education**

College or University Attended	Qualification(s) Obtained (Degree, Master, etc., Please specify classification and field of study)	Date of Award (mm/yyyy)

**Professional Qualification**

Awarding Body	Qualification(s) Obtained (Certificate, Diploma, Designation, etc)	Date of Award (mm/yyyy)

**PART 6: Declaration**

I confirm, acknowledge, accept and understand that:

- 1) if the details I have submitted in this form are inaccurate or incomplete, my enrolment may not be accepted by the Hong Kong Securities and Investment Institute (the "HKSI Institute") and/or the Association of International Wealth Management (the "AIWM") even though payment of the examination fee(s) has been made;
- 2) once I have submitted the CIWM Examination – Enrolment Form to the HKSI Institute, I am not allowed to alternate and/or cancel my examination. All fee(s) paid are non-transferable and non-refundable (excluding the partial refund of fee(s) to applicants who are not eligible to enrol for the CIWM Examination).;
- 3) the "CIWM Examination – Examination Handbook", including the Examination Regulations of the CIWM Examination and the collection of personal data for the purposes stated;
- 4) the HKSI Institute may transfer or transmit my personal data, examination result(s) (including but not limited to the results of the CIWM Examination and Paper 1 of the Licensing Examination for Securities and Futures Intermediaries (the "LE") conducted by the HKSI Institute), educational background, professional qualification(s) and employment records provided to the HKSI Institute to any of its associates, affiliates and selected business partners (including but not limited to the AIWM and any other companies providing the Learning Platform (the LP) services to candidates) for the purpose of administering the CIWM Examination;
- 5) I voluntarily consent the HKSI Institute to transfer, release, disclose or provide my personal data (including but not limited to the Hong Kong Identity Card number and passport number), all personal data that I previously supplied (if any) and any examination-related information, including the result of the examination and information on the candidate's conduct and behaviour while taking the examination, to the AIWM, and consent to the use of such data by the AIWM for monitoring, verifying and conducting matching (including "matching procedure" as defined in s.2 of the Personal Data (Privacy) Ordinance, Cap 486) purposes as well as any other related purposes of assisting them to perform and discharge their functions.

I hereby apply to enrol for the CIWM Examination and undertake that I shall observe and abide by the rules and regulations prescribed by the AIWM and the HKSI Institute.

 I do not wish to receive marketing materials from the HKSI Institute.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_