

HKTA Certified Trust Practitioner[™]

Experienced Practitioner Exemption – Application Form

Personal Details		
Full Name (English)		
Full Name (Chinese)		
Residential Address		
HKID Card No. /P	assport Number	Home/Mobile telephone number
Email Address:		

Employment Details							
Current Employer Name							
Employer Address							
Telephone number							
Type of business undertaken by employer (please tick any which are applicable)							
Private Trusts	Unit Trusts/Fund services	ORSO retirement schemes	MPF retirement schemes	Estate planning	Legal services	Company secretarial services acting as trustee	Banking services
Custody	Commercial trusts/escrow	Family office	Other (pleas	her (please describe)			

Length of employment with this employer (in years and months) If your employment period is less than 10 years with the above employer, please fill out Appendix A covering previous employment Your job title: Describe the day to day activities of your job: In which of the following areas have you had hands on experience (please tick all appropriate boxes) Private Unit ORSO MPF Estate Legal Company Banking Trusts Trusts/Fund retirement retirement planning services secretarial services services schemes schemes services acting as trustee Other (please describe) Commercial Custody Family trusts/escrow office

Academic Record					
Degree Awarded	Date awarded	University /Institution			

Industry /regulatory awards designation (eg HK SFC, law society member, CPA, overseas body etc)					
Designation Awarded	Date awarded	Regulator/Institution/Trade body			

۰۱	

References							
	Employer supervisor: Referrer 1 (to be completed by the Director/CEO/Supervisor of Applicant's Employer)						
Referrer Name							
Referrer's Employer							
Email address		elephone umber					
activities of the A	capacity you are associated, if you con oplicant and how long in that role.	sider the applica					
Referrer Signature			Date				

HKTA member	: Referrer 2 (to be completed by Refer	rer 2)
Name of Referrer		
Referrer's Employer		
Email address	Telepho number	
capacity you are a	Iments on applicant. Please state length of associated, if you consider the applicant fit and A by their membership, likely or not to contribut r means.	proper, knowledgeable on trusts, likely to
Referrer Signature		Date

HKTA member	r: Referrer 3 (to be completed by Referre	r 3)
Name of Referrer		
Referrer's Employer		
Email address	Telephon number	e
capacity you are a	Iments on applicant. Please state length of as associated, if you consider the applicant fit and pro A by their membership, likely or not to contribute r means.	oper, knowledgeable on trusts, likely to
Referrer Signature		Date

Personal Information Collection and Data Privacy Statement						
The Hong Kong Trustees' Association undertakes to keep your personal information confidential, stored in a secure environment, and shall not use your personal data for any purpose other than that intended by this application, without your express permission.						
Applicant Acknowledgement and Declaration						
 I hereby declare that the information contained in this correct in all respects. 	s Application Form is true and					
 In regard to Personal Information Collection and Dahereby: Authorise The Hong Kong Trustees' Association to with my application with the HKTA Accreditation Executive Committee, the Hong Kong Securities a other committees and/or designated persons as m to time whose purpose is to access my eligibility for designation and my ongoing requirements thereto Authorise The Hong Kong Trustees' Association members to contact my referees listed above, my institutions, industry associations or regulatory information provided in this application. Undertake to update The Hong Kong Trustees' A to my personal data or circumstances which may designation 	share all information in connection n Committee members, the HKTA and Investment Institute and such bay be formed or required from time or EPE from the TTC course, my CTP o. and their delegated committee by previous employers, educational authorities in order to verify the association if there are any changes y have a material impact on my CTP					
Agree that The Hong Kong Trustees' Association may contact me about seminars and courses they hold or which other associations may hold and which The Hong Kong Trustee' Association believe may be of interest to me.						
3) I confirm that I have read and understood the requirements and information in this form including the Personal Information Collection and Data Privacy Statement above and consent to the terms and conditions above.						
Applicant signature	Date					

Appendix A

Previous Employment Information Sheet

Please complete this form if your relevant hands-on experience period under Requirement 2 in Section 3 has been completed with different employers.

Previous Employment Details							
Employer	Name						
Employer	Address						
Telephone	number						
Name and	contact detail	s of your su	pervisor				
Type of bu	isiness underta	aken (please	tick whiche	ver is appl	icable)		
Private Trusts	Unit Trusts/Fund services	ORSO retirement schemes	MPF retirement schemes	Estate Planning	Legal services	Company secretarial services acting as trustee	Banking services
Custody	Commercial trusts/escrow	Family office	Other (pleas	e describe)			
Period of e	employment w	ith this emp	loyer (from	and to)			
Your job ti	tle						
	he day to day						
	f the followinន k all appropria		you had ha	nds on exp	perience v	vith this emp	ployer
Private Trusts	Unit Trusts/Fund services	ORSO retirement schemes	MPF retirement schemes	Estate planning	Legal services	Company secretarial services acting as trustee	Banking services
Custody	Commercial trusts/escrow	Family office	Other (pleas	e describe)			

Previous I	Employment D	etails					
Employer	Name						
Employer	Address						
Telephon	e number		I				
Name and	d contact detai	ls of your su	pervisor				
Type of b	usiness undert	aken (please	tick whiche	ver is appl	icable)		
Private Trusts	Unit Trusts/Fund services	ORSO retirement schemes	MPF retirement schemes	Estate Planning	Legal services	Corporate /company secretarial services	Banking services
Custody	Commercial trusts/escrow	Family office	Other (pleas	l e describe)			
Period of	employment v	vith this emp	loyer (from	and to)			
Your job t	title						
	the day to day						
	of the following	-	you had ha	nds on exp	perience v	vith this em	ployer
Private Trusts	Unit Trusts/Fund services	ORSO retirement schemes	MPF retirement schemes	Estate planning	Legal services	Corporate /company secretarial services	Banking services
Custody	Commercial trusts/escrow	Family office	Other (please describe)				