

FOR OFFICE USE ONLY

Received on _____

Approved on _____

CTP No. _____

CERTIFIED TRUST PRACTITIONER™ EXPERIENCED PRACTITIONER EXEMPTION APPLICATION FORM

A. PERSONAL PARTICULARS

Name(s) should be the same as your identification document.

English Name: (Mr/Mrs/Ms) _____ (Surname) _____ (First name)

Chinese Name: _____ (if any) HKID / Passport No.: _____

Contact No.: _____ Email Address: _____

Residential address: _____

Preferred correspondence address: Residential Address Office Address

B. EMPLOYMENT DETAILS (PLEASE TICK AS APPROPRIATE)

Company Name: _____ Office. No.: _____

Office Address: _____

Types of business of current employer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Trusts | <input type="checkbox"/> Unit Trusts/Fund services | <input type="checkbox"/> ORSO retirement schemes |
| <input type="checkbox"/> Banking services | <input type="checkbox"/> MPF retirement schemes | <input type="checkbox"/> Estate planning |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Custody | <input type="checkbox"/> Family office |
| <input type="checkbox"/> Company secretarial services acting as trustee | <input type="checkbox"/> Commercial trusts/escrow | |
| <input type="checkbox"/> Other (please specify: _____) | | |

Length of employment with this employer: _____ 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(s) and position(s) held so far (please list in chronological order):

Duration of this position		Job Title
From (mm/yyyy)	To (mm/yyyy)	

Describe the day to day activities of your job:

In which of the following areas have you acquired hands-on experience at your current job:

- Private Trusts Unit Trusts/Fund services ORSO retirement schemes
 Banking services MPF retirement schemes Estate planning
 Legal services Custody Family office
 Company secretarial services acting as trustee Commercial trusts/escrow
 Other (please specify: _____)

C. EDUCATION INFORMATION

Name of Institution	Qualification Obtained	Country	Year of Award	Certificate attached (√)

D. PROFESSIONAL QUALIFICATION

Name of Professional Body	Qualification Obtained	Way of obtaining	Country	Year of Award	Certificate attached (√)

F. PAYMENT (PLEASE TICK AS APPROPRIATE)

CTP application for EPE Applicant \$5,000

PAYMENT METHOD:

- Cheque payment (Cheque no. _____ Bank code: _____)
(made payable to "HK TRUSTEES' ASSOCIATION LTD") and sent to **HKTA, Room 739, 7/F, Grand Millennium Plaza, 181 Queen's Road Central, HK. (Post-dated cheques will NOT be accepted.)**
- Bank Transfer (local bank transfer overseas bank transfer)
to **Standard Chartered Bank** A/C No.: **447-0-024582-3**). Please email the bank receipt (indicate "CTP application fee" and applicant's full name on it) to queries@hktrustees.com (Note: Applicant should bear the bank charges involved in overseas bank transfer. Otherwise, the Association will reserve the right to request the applicant to pay back the bank charges)

NOTES FOR CTP EPE APPLICATION

1. Upon approval, you will receive email confirmation and your name will be shown on the HKTA CTP list on the website.
2. Application fee paid is non-refundable and non-transferable.
3. CTP is subject to renewal on an annual basis (based on calendar year).
4. For CTPs who cannot fulfil the 6 CPD points by end of December of each calendar year; or fail to fulfil the outstanding CPD points by end of the grace period (i.e. end of March of the following year); or who provide misleading, incorrect or false information, such incidents will be reported to the Executive Committee. Their CTP certificates may be cancelled.
5. Personal Information Collection and Data Privacy Statement: The HKTA undertakes to keep your personal information confidential, stored in a secured environment, and shall not use your personal data for any purpose other than that intended by this application, without your express permission.

G. DECLARATION AND ACKNOWLEDGEMENT

1. I hereby declare that the information contained in this Application Form is true and correct in all respects.
2. In regard to Personal Information Collection and Data Privacy, in checking each box I hereby:
 - (a) authorise The Hong Kong Trustees' Association to share all information in connection with my application with the HKTA Accreditation Committee members, the HKTA Executive Committee, the Hong Kong Securities and Investment Institute and such other committees and/or designated persons as may be formed or required from time to time whose purpose is to access my eligibility for EPE from the TTC course, my CTP designation and my ongoing requirements thereto;
 - (b) authorise The Hong Kong Trustees' Association and their delegated committee members to contact my referees listed above, my previous employers, educational institutions, industry associations or regulatory authorities in order to verify the information provided in this application;
 - (c) undertake to update The Hong Kong Trustees' Association if there are any changes to my personal data or circumstances which may have a material impact on my CTP designation; and
 - (d) 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 Trustees' 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.

Signature of Applicant

Date

H. CHECKLIST (PLEASE TICK AS APPROPRIATE)

Before submitting the form, please ensure that the following are included in the application:

- Completed CTP Application Form with signatures of referees
- A cheque payable to the “HK Trustees’ Association Ltd” or bank transfer slip
- Copy of HKID card or Passport
- Copies of educational and professional certificates
- CV attachments (i.e. employment references)
- A detailed CV which includes the following information:
 - full details of your academic and/or industry qualifications.
 - full details of your current and previous job titles and the specific tasks you have performed in those roles and state whether you have undertaken that task or have manage/supervised that task.
 - State which industry associations you are a member of/director of and what contribution you have made to that association (committee work, seminars, lectures, exam setting etc.)

Appendix A - Previous Employment Information Sheet

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

Previous Employment Details

Company Name: _____ Office. No.: _____

Office Address: _____

Name of your supervisor: _____ Contact no. of your supervisor: _____

Email address of your supervisor: _____

Types of business of employer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Trusts | <input type="checkbox"/> Unit Trusts/Fund services | <input type="checkbox"/> ORSO retirement schemes |
| <input type="checkbox"/> Banking services | <input type="checkbox"/> MPF retirement schemes | <input type="checkbox"/> Estate planning |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Custody | <input type="checkbox"/> Family office |
| <input type="checkbox"/> Company secretarial services acting as trustee | <input type="checkbox"/> Commercial trusts/escrow | |
| <input type="checkbox"/> Other (please specify: _____) | | |

Period of employment with this employer: From _____ (dd/mm/yyyy) To _____ (dd/mm/yyyy)

Your job title(s) and position(s) held so far (please list in chronological order):

Duration of this position		Job Title
From (mm/yyyy)	To (mm/yyyy)	

Describe the day to day activities of your job:

In which of the following areas have you acquired hands-on experience with this employer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Trusts | <input type="checkbox"/> Unit Trusts/Fund services | <input type="checkbox"/> ORSO retirement schemes |
| <input type="checkbox"/> Banking services | <input type="checkbox"/> MPF retirement schemes | <input type="checkbox"/> Estate planning |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Custody | <input type="checkbox"/> Family office |
| <input type="checkbox"/> Company secretarial services acting as trustee | <input type="checkbox"/> Commercial trusts/escrow | |
| <input type="checkbox"/> Other (please specify: _____) | | |