

# Association of Private Bankers in Greater China Region 大中华地区私人银行家协会

## WHO WE ARE

- A registered non-profit society focus on training private bankers and financial elites in North Asia
- Serving practitioners in Mainland China, Taiwan, Hong Kong and Macau
- The exclusive organisation providing the training, examinations and accreditation of the Chartered Family Office Specialists™ (CFOS™) in the region
- Devoting in promoting the Principles of Practice - Private Wealth Management
- Connecting wealth owners, trusted bankers and financial elites

## WHY CHOOSE APB?

### Pioneer of Industry

We are the designated organization to launch Chartered Family Office Program™ in the region. We introduce certification standards to family office practitioners. As the developer of the Principles of Practice - Private Wealth Management, APB is the pioneer of the industry. Joining us means giving yourself a chance of advancement and a better development platform.

### All- Rounded Elites

We have near 100 all-rounders in our Specialty Bureaux. Not only did they specialize in enterprise management, investment banking, private equity, accounting, trusts, investment, securities, insurances, but also in soft sides like charities and next-generation education. Therefore the industry trend can be accurately forecasted and members can be benefited by getting professional advices and by knowlege exchange.

### Congenial Services

Comparing with oversea organisations, APB gains competitive advantages in communicating and serving members and clients in the region as we share the same culture. Our social network in Mainland China, Hong Kong and Oversea regions gives us the edge of being localized and globalized.

## JOIN US

If you are one of the followings, please join us!

Financial Planners	Wealth Managers
CPAs	Estate Planners
Investment Bankers	Trust Managers
Investment Advisors	Financial Professionals
Wealth Owners	Students

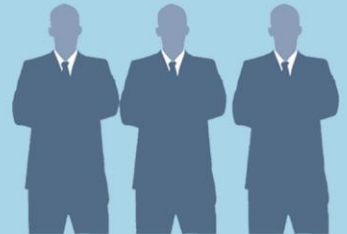
## NON-PROFIT SOCIETY



## COVER CHINA TAIWAN MACAU HONG KONG



## ALL-ROUNDED ELITES



## NETWORK & PLATFORM



<http://private-bankers.net>

For more enquires, please contact us



Tel (HK) +852 34993851

Tel (Mainland China) +86 147 14334066

Email [support@private-bankers.net](mailto:support@private-bankers.net)

Address GPO Box 11666, Hong Kong Post Office



**Association of Private Bankers in Greater China Region**

GPO Box 11166, Hong Kong Post Office

Phone: +852 3499 3851 /+86 147 1433 4066

E-mail: enroll@private-bankers.net

**Membership Application Form**

- 1. Please complete all the fields and return to GPO Box 11666, Hong Kong Post Office
- 2. Please note that applications will only be confirmed once we are able to identify your payment.

1. Personal Particulars			
Title:	Dr/Mr/Ms/Mrs/Miss	Chinese Name:	_____
Surname:	_____	Forename:	_____
HKID/Passport No.:	_____	Date of Birth:	_____
Office Phone:	_____	Mobile No.:	_____
Interested to be our trainer / speaker:	Y/N	Nationality:	_____
Address:	_____		
E-mail:	_____		

2. Academic & Professional Qualification	
Highest Academic Qualification:	Doctoral/Master/Bachelor/Associate/Secondary or Below
Major in: _____	College/University: _____ Professional
Qualifications: CFA/CFP/CAIA/CPA/STEP/FRM/CWM/CPB/Others:	_____

3. Employment Detail	
Current Employment Status:	Self-Employed/Employed/Student/Others: _____
Current Employer/Name of Company:	_____
Current Position & Department:	_____
Date Join Industry (yyyy/mm)	_____

4. Class of Membership		
Membership	Yearly Fee (USD/RMB)	Promotion Price
Student or Traylor		<input type="checkbox"/>
Associate		<input type="checkbox"/>
Fellow		<input type="checkbox"/>
Chartered Fellow		<input type="checkbox"/>
Others:	_____	

Declaration : I have read & agree to accept all terms & conditons as stated in next pages & as hosted on <http://private-bankers.net>.

\_\_\_\_\_

Applicant's signature Date

Internal use		
Campaign Code :	Relationship Code : HK/N/E/S/O - D/F F1 :	F2 :

## Payment

**Membership**       **Training /Event : CFOS / CPB / CFS-DD / CFS-PE / CEC / Workshop/ Event**

**Cash**

Amount paid: \_\_\_\_\_ Amount due: \_\_\_\_\_

**Cheque**

Cheque No: \_\_\_\_\_ Draw on (Bank): \_\_\_\_\_

**Paypal**

**Visa Card**       **Master Card**       **UnionPay**       **American Express**

Total Payable fee:

I hereby authorize Association of Private Bankers in Greater China Region to charge the requested fee from my credit card with details indicated below.

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry date: \_\_\_\_\_ (mm/yyyy)      CAC: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Bank Debit/Direct Debit.** Payable to Association of Private Bankers in Greater China Region

Bank Account No.: 040-301-30330101.      Ref: \_\_\_\_\_

## Direct Debit Authorization

Please complete and return this form to your banker or to the party to be credited.

Name of party to be credited (The Beneficiary)	Bank No. Branch No. Account No. to be credited
Association of Private Bankers in Greater China Region	040 - 301 - 30330101

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its bankers from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase existing overdraft) on my/own account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

My/Our Bank Name and Branch		Bank No. Branch No. Account No. to be credited	
		- -	
My/Our Name as recorded on Statement/Passbook		My/Our Address as recorded on Statement/Passbook	
Limit for each payment	Expiry Date -DD/MM/YY	My/Our Signature	Date
Name of Debtor (if other than account holder)		Debtor's Reference (Compulsory Field - See Notes Below)	
For Bank Use Only			Signature Verified

Notes : 1) If the amount of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.

2) The Direct Debit Authorization will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.

3) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

4) In the box marked 'Debtor's Reference' enter the identifying reference between yourself and the party to be credited i.e. student member, mortgage agreement number, rental agreement number, etc.

## Terms and Conditions

### Personal Data Agreement

1. I explicitly consent that any personal information (personal data) from time to time collected or held by Association of Private Bankers in Greater China Region "APB" (whether contained in this application or obtained otherwise) is provided and may be held, used, processed and/or disclosed (i) in accordance with and for the purpose outlined in the Data Privacy Statement herein, and/or (ii) to permit and enable APB to:

- a. fully and fairly process my application,
- b. disclose any personal data where APB has an obligation to make such disclosure under the requirements of any law binding on APB,
- c. disclose to the public my status and date of approved membership and the date of my ceasing to be a member (if applicable),
- d. use my personal data to execute membership administration, arrange promotion, compile statistics and analyse the results wholly for use within APB

2. I understand that I may refuse to provide personal data as requested in the application or otherwise, but such refusal, or the provision of inaccurate personal data may result in APB being unable to or refusing to process this application.

3. I agree that APB may disclose my membership status to my employer (being the entity with which I have an employment, agency or similar contractual obligation, and/or the holding companies, subsidiary companies or associated members of such entity) [that is kept in the APB] upon their request.

Yes       No

4. I understand that I have the right to check whether APB holds personal data about me and that, if so, I have a right of access to my personal data. I can request APB to correct any inaccurate personal data and if I need to obtain a copy of my personal data or have it corrected, I can write to the Operations Department of APB. I understand that APB is permitted by law to charge a reasonable fee for the processing of any data access request.

### Membership

By my signature below,

i. I understand and agree to comply with all conditions, requirements, policies and procedures for the membership established by APB as may be amended from time to time.

ii. I understand that such conditions, requirements, policies and procedures consist of all materials relevant to the membership including but not limited to APB's and any conditions, requirements, policies and procedures that APB may establish and/or amend from time to time.

iii. I understand and agree that APB may enforce the conditions, requirements, policies and procedures against me and may reject, suspend or terminate my membership (if granted) at any time for my failure to satisfactorily meet any such conditions, requirements, policies and procedures.

iv. I understand and agree that fees paid pursuant to my application are nonrefundable and nontransferable. v. I understand and agree to the above Personal Data Agreement.

vi. I declare that the information contained in my application is truthful and complete, and I agree to notify APB of any material changes to my responses to any of the questions in this application, including my contact details. I understand and agree that APB may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary actions for any misrepresentation (whether fraudulent or otherwise) in this application.

vii. I hereby apply to register as a member of APB and/or the candidate of the choose course and undertake, if registered, that so long as I remain a registered candidate, I shall observe and abide by the rules and regulations prescribed by the the APB and the respective accreditation organizations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Internal use

Campaign Code :      Relationship Code : HK/N/E/S/O - D/F    F1 :      F2 :      C1