



Hong Kong Institute of  
**Accredited Accounting Technicians**  
香港財務會計協會

## **APPLICATION FOR REGISTRATION AS A HKIAAT ASSOCIATE MEMBER**

**The HKIAAT will cease to admit new members after 31 December 2019.** According to section 5.21 of the Position Paper of the new Qualification Programme (QP) published by the Hong Kong Institute of Certified Public Accountants (HKICPA), AAT members who wish to continue to use the AAT designation may stay with the HKIAAT and maintain their membership status until 31 December 2029.

### **For Office Use Only**

Name: \_\_\_\_\_ ( \_\_\_\_\_ )

Membership No.: \_\_\_\_\_

Registration effective from: \_\_\_\_\_

## IMPORTANT:

- Please read the notes carefully before completing this form.
- Please complete all sections in BLOCK LETTERS and in BLACK.
- Personal Data (Privacy) Ordinance: All information provided in this form will be used by Hong Kong Institute of Accredited Accounting Technicians Limited (HKIAAT) for purposes relating to the administration of membership registration and will be shared with the Hong Kong Institute of Certified Public Accountants' (HKICPA) database. In addition, HKIAAT may use the collected data for statistical research and analysis, and for keeping members informed of its services. The provision of personal data by means of this form is voluntary. However, insufficient information may result in rejection of an application. Data collected is accessible only to officers, committees or persons processing the registration and administration of membership.
- Unless otherwise agreed, hard copies of any documents containing your personal data that you provide to HKIAAT will become the property of HKIAAT and will not be returned to you. HKIAAT will destroy any documents it holds in accordance with its internal policy and applicable laws.

Applicants may inspect their personal data kept by HKIAAT and if applicable correct or update it. Please contact the officer-in-charge at 27/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong (Tel: 2823 0600) for the purpose.

## Section 1 – PERSONAL PARTICULARS

Mr./ Mrs./ Ms./ Miss\* (see NOTE 1)

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Name in Chinese: \_\_\_\_\_

Hong Kong Identity Card no.: \_\_\_\_\_

PLEASE AFFIX  
RECENT PHOTO

Passport no.: \_\_\_\_\_ Place of issue: \_\_\_\_\_  
(if not a holder of a Hong Kong Identity Card)

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_  
(must be provided)

Residential Tel. No.: \_\_\_\_\_ Mobile /Pager: \_\_\_\_\_

Residential Address : \_\_\_\_\_ Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 2 – RE-REGISTRATION (APPLICABLE FOR PAST MEMBERS ONLY)

I have previously been admitted as a member of HKIAAT (membership no. \_\_\_\_\_).

I would also like to:

- ☐ re-register my PBE studentship status.  
(Please submit together with the PBE Student Registration Form).
- ☐ re-register my PBE studentship status **PLUS** retain my PBE examination result status.  
(Please submit the PBE Student Registration Form together with the PBE Re-instatement of Examination Status Form).

\* Delete as appropriate

# "✓" the appropriate box

### Section 3 – QUALIFICATIONS

(Provide your student no. even if you have not yet completed the examination.)

|   | Student Number | Year of Completion<br>(Session / Year) |
|---|----------------|--|
| (A) Accredited Accounting Technician Examination /<br>Accounting Technician Examination |                |  |
| (B) Professional Assessment   |                |  |
| (C) Professional Bridging Examination   |                |  |

**(D) Highest academic qualification attained: #**

☐ Degree    ☐ Associate Degree    ☐ Professional/Higher Diploma    ☐ Diploma    ☐ Certificate

☐ HKALE/HKCEE/HKDSE    ☐ Others (please specify) \_\_\_\_\_

Name of educational  
institute

Qualification  
awarded

Study mode  
(Full time/Part time)

Date of entry  
(dd/mm/yyyy)

Date awarded  
(dd/mm/yyyy)

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**(E) Other professional qualifications:**

Name of institute

Membership no.

Date obtained/admitted  
(dd/mm/yyyy)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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# "✓" the appropriate box

## Section 4 – EMPLOYMENT DETAILS/PRACTICAL ACCOUNTANCY EXPERIENCE (see NOTE 2)

### (A) Practical accountancy experience<sup>^</sup>

(in reverse chronological order, with current employment first)

|    | <u>From</u><br>(dd/mm/yyyy) | <u>To</u><br>(dd/mm/yyyy) | <u>Name of employer</u> | <u>Position held</u> |
|----|-----------------------------|---------------------------|-------------------------|----------------------|
| 1. | _____                       | _____                     | _____                   | _____                |
| 2. | _____                       | _____                     | _____                   | _____                |
| 3. | _____                       | _____                     | _____                   | _____                |
| 4. | _____                       | _____                     | _____                   | _____                |
| 5. | _____                       | _____                     | _____                   | _____                |

(Use a separate sheet, if required)

### (B) Other experience:

|    | <u>From</u><br>(dd/mm/yyyy) | <u>To</u><br>(dd/mm/yyyy) | <u>Name of employer</u> | <u>Position held</u> |
|----|-----------------------------|---------------------------|-------------------------|----------------------|
| 1. | _____                       | _____                     | _____                   | _____                |
| 2. | _____                       | _____                     | _____                   | _____                |

## Section 5 – CHECKLIST FOR APPLICANTS

Before submitting your application, you are reminded to ensure that all documents are in order.  
(Note that the submission of applications without the required supporting documents will delay the processing procedure.)

### Documents to be submitted by ALL applicants<sup>#</sup>

- ☐ A CERTIFIED true copy of your Hong Kong Identity Card/Passport, if you are not submitting the application to the HKIAAT office in person.
- ☐ A CERTIFIED true copy of your educational certificate(s) and transcript(s).
- ☐ A copy of your Accredited Accounting Technician Examination or Accounting Technician Examination Status Report/Certificate.
- ☐ A copy of your Professional Assessment Status Report.
- ☐ Official testimonial(s), ORIGINAL or CERTIFIED, from present and past employer(s) listing the duration, job nature and title of your employment.
- ☐ Two character references.
- ☐ A crossed cheque or cashier order covering the initial registration fee with details as follows:

Amount \_\_\_\_\_

Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_

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<sup>^</sup> Supporting documents must be included for all employment details provided in section 4(A) (see NOTE 3)

<sup>#</sup> “✓” the appropriate box

## Section 6 – DECLARATION

- I declare that I have never declared bankrupt or have never been the subject of a bankruptcy court order in Hong Kong or elsewhere, or a bankruptcy petition has never been served on me.
- I declare that I have had no conviction of any criminal offence, fraud, dishonesty or professional misconduct either locally or overseas, and I undertake to notify the Institute Secretary of any such future conviction as soon as practicable. (see NOTE 9)
- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that upon the HKIAAT board's approval of my membership application, I shall observe and abide by the regulations and standards of the HKIAAT.
- I waive all claims against HKIAAT for any loss or damage I may suffer arising from this application.
- I also hereby agree to have my application and personal data contained within processed by staff of both the Hong Kong Institute of Certified Public Accountants and HKIAAT, as part of their centralised processing functions.
- I agree that HKIAAT may send me materials regarding CPD activities, students' and members' benefits, goods, services, facilities and events organized or provided by HKIAAT or other organizations to my email address and/or correspondence address. (Note 10)

☐ Yes

☐ No

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

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The completed application form, together with all supporting documents and appropriate fees, should be delivered to (by hand or by post):

The Institute Secretary  
Hong Kong Institute of Accredited Accounting Technicians Limited  
27/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

Office hours:      Monday to Friday      9:00 a.m. – 6:00 p.m.  
                         Saturday              9:00 a.m. – 12:00 noon

## NOTES

### PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM

The HKIAAT will cease to admit new members after **31 December 2019**. According to section 5.21 of the Position Paper of the new Qualification Programme (QP) published by the Hong Kong Institute of Certified Public Accountants (HKICPA), AAT members who wish to continue to use the AAT designation may stay with the HKIAAT and maintain their membership status until 31 December 2029.

#### NOTE 1 – NAME

The applicant's name to be registered with HKIAAT, which will be printed on the membership certificate, must be the same as that appears in the applicant's identity document (Hong Kong Identity Card/Passport). Additional documentary evidence, such as a statutory declaration/deed poll/marriage certificate, will be required if a different name from that on the identity document is to be used in the HKIAAT's register.

#### NOTE 2 – REQUIREMENTS FOR REGISTRATION AS AN ASSOCIATE MEMBER

##### 2.1 Registration of a person as an Associate Member:-

A person shall be qualified to be registered as an Associate Member (AAT) if he/she satisfies the following requirements:

- successfully complete the Accredited Accounting Technician Examination or Accounting Technician Examination (knowledge);
- successfully complete the professional assessment (values);
- possess one year practical experience (skills);
- be of good character and a fit and proper person to be a member; and
- be at least 16 years old.

*The Board may from time to time determine by regulations the conditions upon which persons may become and remain members of HKIAAT.*

##### 2.2 Current Board rulings in respect of work experience requirement are appended as below:-

- (a) The number of years of work experience required for an Associate Member:
  - 1 year full-time relevant accounting practical experience (*pre- and post-examination experience are both acceptable*)
- (b) Work experience is defined as such accounting experiences the Board may stipulate or approve from time to time as sufficient practical work experience. Work experience will only be recognised to form part of the requisite period if it is continuously in any one company of not less than four months of duration and provided that it is full-time.

#### NOTE 3 – SUPPORTING DOCUMENTS

##### 3.1 Applications should be supported by original documents or certified true copies that have been verified by any of the following persons:

- (a) a member of any professional accountancy body (e.g. a member of the HKICPA);
- (b) a legal practitioner;
- (c) a government district office (through statutory declaration); or
- (d) an HKIAAT authorised staff member (only if the originals are presented with photocopies for certification)

##### 3.2 All applications must be supported by the following:-

- (a) a certified true copy of the applicant's Hong Kong Identity Card or Passport (for applications that are not submitted in person). Applicants submitting their applications in person at the HKIAAT office are required to present the original copy of their HKID Card/passport for verification;
- (b) a certified true copy of the applicant's certificate(s) and transcript(s) for their academic qualification(s) attained (note that an examination record/transcript issued by university/college is not acceptable);
- (c) a copy of the Accredited Accounting Technician Examination or Accounting Technician Examination Status Report/Certificate depending on the type of membership being applied for;
- (d) a copy of the Professional Assessment Status Report;
- (e) official testimonial(s), original or certified, from the applicant's present\* and past employer(s), listing the duration of employment, job nature and title of employment; and

- (f) two character references which should be completed and duly signed by either an employer or a lecturer or other suitable persons accepted by the HKIAAT Board (refer to the form for more details).

\* *HKIAAT will only accept official testimonials issued by a present employer issued within the last 6 months from the date that the testimonial is received.*

#### **NOTE 4 – DESIGNATION**

An Associate Member shall be designated as an Accredited Accounting Technician (認可財務會計員) and entitled to use the initials “AAT” after his/her name until 31 December 2029.

#### **NOTE 5 – FEES**

Application must be accompanied by payment of HK\$700 as initial registration fee.

Payment can be made by crossed cheque or cashier order made payable to “Hong Kong Institute of Accredited Accounting Technicians Limited”. No cash or post-dated cheque will be accepted.

A surcharge of HK\$150 will be levied on each dishonoured cheque. Associate Member who wishes to change his/her status to Fellow Member is subject to an administrative charge of HK\$500. All fees are subject to revision without prior notice. All fees paid are non-refundable and non-transferrable unless application is rejected.

#### **NOTE 6 – MEMBERSHIP CONFIRMATION**

Once the membership application has been approved, the new member will receive a letter of confirmation.

#### **NOTE 7 – CHANGE OF PARTICULARS**

Applicants should notify the Institute Secretary of any change in their address, telephone number or employment after submission of the application within one month of the change.

#### **NOTE 8 – MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENT**

Upon registration, members are required to comply with the continuing professional development requirements as may be prescribed by regulations promulgated from time to time by the Board.

#### **NOTE 9 – CONVICTION IN HONG KONG OR ELSEWHERE**

Any member who is convicted of any criminal offence involving fraud or dishonesty either locally or overseas, or who has been found guilty of professional misconduct by an overseas professional institute, should notify the Institute Secretary of the conviction or findings as soon as practicable.

#### **NOTE 10 – DIRECT MARKETING OF HKIAAT'S SERVICES TO STUDENTS AND MEMBERS**

HKIAAT intends to use the personal data of your name, email address and correspondence address to inform you of CPD activities, students' and members' benefits, goods, services, facilities and events organized or provided by HKIAAT or other organizations. HKIAAT may not do so unless it has received your consent. Please tick the box ☐ Yes in Section 6 to indicate your consent. Upon approval of your application, you may opt out from receiving such materials at any time by sending an email to HKICPA at [privacyofficer@hkipa.org.hk](mailto:privacyofficer@hkipa.org.hk) or a letter to the HKICPA's privacy officer.

#### **NOTE 11 – ENQUIRIES**

For enquiries in relation to the application, contact the HKIAAT on telephone 2823 0600, fax to 2823 0606 or email to [hkiaat@hkiaat.org](mailto:hkiaat@hkiaat.org).

## Character Reference 1

To: The Institute Secretary  
Hong Kong Institute of Accredited Accounting Technicians Limited  
27/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

Re: Character reference for Mr./Mrs./Ms./Miss\* \_\_\_\_\_  
Regarding his/her\* application to the Hong Kong Institute of Accredited Accounting Technicians Limited for membership.

1. How long have you known the applicant? \_\_\_\_\_  
(Note: The referee **must** have known the applicant for not less than 24 months.)

2. In what capacity is the applicant known to you (e.g. lecturer, supervisor, colleague, friend, etc.)?

Please specify: \_\_\_\_\_

(Note: The referee **should not be** an immediate family member, such as grandparent, parent, spouse, child, grandchild, brother and sister of the applicant.)

3. What is your judgment on the applicant's integrity and general character?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you consider the applicant a fit and proper person for his/her\* registration with HKIAAT? #

☐ Yes ☐ No

5. Are there any further comments you would like to offer regarding the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Delete as appropriate

# "✓" the appropriate box

P. T. O.



**Notes**

- 1. This Form should be completed and signed either by an employer or a lecturer or other suitable persons accepted by the HKIAAT Board for membership admission purposes.**
- 2. Only character references issued within 6 months from the date of receipt by HKIAAT will be accepted.**

Name of Referee: \_\_\_\_\_  
(in BLOCK LETTER)

Professional Membership(s) held (if any): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_

Day-time Contact Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**IMPORTANT – ALL INFORMATION PROVIDED WILL BE USED FOR PURPOSES RELATING TO THE MEMBERSHIP ADMINISTRATION PURPOSES.**

## Character Reference 2

To: The Institute Secretary  
Hong Kong Institute of Accredited Accounting Technicians Limited  
27/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

Re: Character reference for Mr./Mrs./Ms./Miss\* \_\_\_\_\_  
Regarding his/her\* application to the Hong Kong Institute of Accredited Accounting Technicians Limited for membership.

3. How long have you known the applicant? \_\_\_\_\_  
(Note: The referee **must** have known the applicant for not less than 24 months.)

4. In what capacity is the applicant known to you (e.g. lecturer, supervisor, colleague, friend, etc.)?

Please specify: \_\_\_\_\_

(Note: The referee **should not be** an immediate family member, such as grandparent, parent, spouse, child, grandchild, brother and sister of the applicant.)

3. What is your judgment on the applicant's integrity and general character?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you consider the applicant a fit and proper person for his/her\* registration with HKIAAT? #

☐ Yes ☐ No

5. Are there any further comments you would like to offer regarding the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Delete as appropriate

# "✓" the appropriate box

P. T. O.

**Notes**

- 1. This Form should be completed and signed either by an employer or a lecturer or other suitable persons accepted by the HKIAAT Board for membership admission purposes.**
- 2. Only character references issued within 6 months from the date of receipt by HKIAAT will be accepted.**

Name of Referee: \_\_\_\_\_  
(in BLOCK LETTER)

Professional Membership(s) held (if any): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_

Day-time Contact Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**IMPORTANT – ALL INFORMATION PROVIDED WILL BE USED FOR PURPOSES RELATING TO THE MEMBERSHIP ADMINISTRATION PURPOSES.**