



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

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

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.: _____



Passport no.: _____
(if not a holder of a Hong Kong Identity Card)

Place of issue: _____

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 (Session / Year)
(A) Accredited Accounting Technician Examination / 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) _____

<u>Name of educational institute</u>	<u>Qualification awarded</u>	<u>Study mode</u> (Full time/Part time)	<u>Date of entry</u> (dd/mm/yyyy)	<u>Date awarded</u> (dd/mm/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(E) Other professional qualifications:

<u>Name of institute</u>	<u>Membership no.</u>	<u>Date obtained/admitted</u> (dd/mm/yyyy)
_____	_____	_____
_____	_____	_____

"✓" the appropriate box

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

(A) Practical accountancy experience[^]

(in reverse chronological order, with current employment first)

<u>From</u> (dd/mm/yyyy)	<u>To</u> (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> (dd/mm/yyyy)	<u>To</u> (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[#]

- 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 _____

[^] Supporting documents must be included for all employment details provided in section 4(A) (see NOTE 3)
[#] “✓” the appropriate box

Section 6 – DECLARATION

- Applications received in December will normally become effective on 1 January of the next calendar year. Applicants who wish to have their application to take effect from the current calendar year should indicate so by putting a “✓” in the following box:
 - Current year (Annual fee for the next calendar year is to be paid accordingly)
- 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: _____

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

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.

NOTE 5 – FEES

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

Applications submitted in December will be considered as if they were submitted in January next year (i.e. Applicants do not have to pay the annual membership fee of the following year).

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.

All members will be automatically billed for the annual membership fee of the following year in December.

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 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.

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

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? _____
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Please specify: _____

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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

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Name of Employer: _____

Position Held: _____

Business Address: _____

Day-time Contact Telephone No.: _____

E-mail: _____

Signature: _____

Date: _____

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