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| **COMPANY— APPLICATION FORM (GROUP)** |
| Step 1: Complete Part I to Part III in this application form (company)Step 2: Scan and Email a passport size (1.5”x2”) color photo with white plain background for EACH Award Applicants.Step 3: Submit the application form to the AWARD SECRETARIAT by email to ipwmi\_award@hkswm.orgStep 4: Submit the completed application payment by post to us on or before **10 January 2020**.Step 5: Submit the written plan for ALL Award Applicants in softcopy by email to us on or before **9 March 2020**.“Confirmation of Application”, “Submission Guidelines” and “Written Plan Submission Form” will be sent to the contact person by email. If not receive the information within 5 business days after the completion of payment, please check with the organizers immediately. For enquiries, please send email to ipwmi\_award@hkswm.org, or call (852) 2151 2618.  |

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| **AWARD STREAMS** |
| **Insurance Planning** | Wealth Management |
| Distinguished Insurance Planning Professional (**DIPP**) Award | Distinguished Wealth Management Professional (**DWMP**) Award |
| Target Participants:Financial Services Practitioners with experience in General Insurance for Commercial Client(s):* Incorporates standard insurance policies, such as property and casualty insurance; or
* Specializes in particular or multi-segments of the insurance market where she/he tends to be expert (i.e. workers' compensation (employers liability), public liability, product liability, commercial fleet)
 | Target Participants:Financial Services Practitioners with experience in Financial Planning and Investment Management:* Incorporate protection planning (individuals), investment management, education planning, estate and succession planning, taxation, and retirement planning
* Participates ongoing process of meeting clients’ life goals through the proper management with her/his financial knowledge and skills.
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| **PART I. COMPANY CONTACT INFORMATION** |
| **Company Name:** |  |
| Information of CONTACT PERSON: |
| Name: |  | Title: |  |  Dept.: |  | Correspondence Address: |  |
| Email: |  | Office Tel.: |  | Mobile: |  |  |

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| **PART II. INFORMATION FOR AWARD APPLICANT(S)** |
| **Company Name:** |  | **Total** **Applicant For:**  |  | **DIPP:** **Distinguished Insurance** **Planning Professional**  |  | **DWMP:****Distinguished Wealth Management Professional** |
| Information of AWARD APPLICANT(S): |
| Salutation | Surname | Given Name | Chinese Name | Date of Birth(DD/MM/YYYY) | HKID / Passport No(first 4 figures only, e.g. A123): | Mobile | Email | Job Position | Department | Choice of Award Stream(check the box below as appropriate) |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |
| Choose an item. |  |  |  |  |  |  |  |  |  | [ ]  DIPP[ ]  DWMP |

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| **PART III. DECLARATION BY APPLICANT** |
| TERMS & CONDITIONSWe, the participating company, declares that the information and particulars provided on this application form are accurate, true and complete, and the financial/insurance plan to be submitted conforms to all general eligibility requirements and rules and regulations. We agree the submitting entry will be disqualified and any award/certificate granted will be withdrawn if it is found otherwise. Upon request by the Organizers, we shall provide relevant information and documentary proof. We shall not disclose any personal information of the submitted financial written plan under any circumstances, and we authorize the organizers of the Distinguished Insurance Planning and Wealth Management Innovation (IPWMI) Award to use the submitted financial/insurance plan(s) for educational purposes, if needed. We understand that violation to any eligibility criteria will result in entry disqualification, even if it is identified at a very late stage when the financial/insurance plan has been accepted as an official entry or even announced to be a winning entry. We hereby declare that the financial/insurance plan is submitted ONLY to the IPWMI Award category in 2019/20. We understand that if the above entry is found to be joining in other award categories or other award streams of this award category, all related entries will be disqualified and any award/certificate granted would also be withdrawn. If at any time the IPWMI Awards Organizers discover that we have failed to disclose any of the above or that we have provided false information they will have the right to terminate my application with immediate effect (with no further obligation to refund any application or other fees).We undertake that in the event of any change in the above particulars, and will make known the changes, within 10 days, in writing to the IPWMI Awards Organizers. We understand and authorize the IPWMI Award Organizers to make any reasonable enquiries and check all information in relation to my application information. We understand that the application fees paid are non-refundable and non-transferable. We fully understand that the award participant(s) is/are not eligible to obtain the award if, for whatever reasons, she/he is no longer employed by the awarded employer during the Award Competition in the periods of 2019/20Personal Information Collection Statement:*Purpose of Collection*1. The personal data provided by the applicant will only be used for the following purposes:
* registration of entry and verification of the eligibility of the applicant;
* correspondence with the applicants;
* announcement of the results and award of the prizes of the IPWMI Award;
* publishing, printing, promotion, display and exhibition of the entry; and
* other purposes related to the IPWMI Award.
1. It is obligatory for the applicant to provide the personal data required by this application form.

*Transfer of Personal Data*The Personal particulars provided in this application form will be transferred to and maintained by the IPWMI Award organizers for nomination to other awards and marketing promotion purpose.PLEASE CHECK AND CONFIRM THE FOLLOWING BOXES [ ]  We have read, understand and agree with above TERMS & CONDITIONS.[ ]  We agree the personal particulars provided in this application form to be transferred to and maintained by the IPWMI Award organizers and digital media partner, namely, HKSWM, HKFsPA and CTgoodjobs, for nomination to other awards and marketing promotion purpose.ENQUIRY:THE SECRETARIATInsurance Planning and Wealth Management Innovation AwardEmail: ipwmi\_award@hkswm.org, Tel: (852) 2151 2618 | Fax: (852) 3585 070 |