

Authorisation for Disclosure of Personal Information to a Third Party

I, _____, _____ (_____),

*Name of Applicant, in BLOCK letters

* CFA : Passport No.

*Date of Birth, DD/MM/YYYY

FRM : HKID No. / Passport No.

hereby authorize the CFA Institute and / or Global Association of Risk Professional (GARP) to disclose my information indicated as follows. *(Tick as appropriate)*

<input type="checkbox"/> Chartered Financial Analyst (CFA) Level 1 Examination Result Remarks: Please fill in same identity documents (i.e. passport number) above provided to CFAI	<input type="checkbox"/> Financial Risk Manager (FRM) Part II Examination Result
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to the Hong Kong Institute of Bankers (HKIB) for processing of my exemption application of ECF-CRM.

Signature: _____

Date: _____

Contact No.: _____

*Mandatory field. The full name, Identity Document No. and Date of Birth are required for verification of identity.