

Personal Particulars of Member

Date : _____

Name : _____
First Name
Middle Name
Last Name

Title : Dr Mr Mrs Miss Ms ID/Passport No. : _____ Date of Birth : _____
(dd-mmm-yy)

Are you currently a CFA Institute member? Yes No Candidate/Member No.: _____

Have you been a member of a CFA Institute Society/Chapter ? Yes No

If yes, please specify : Society Name : _____ From _____ To _____

Signature : _____

MAILING INFORMATION

Preferred Mailing Address : Company Home

Preferred Email Address : Company Home

Company

Company Name _____

Company Address _____

Company Telephone _____ Company Fax _____

Company E-mail Address _____

Home

Home Address _____

Home Telephone _____ Mobile Phone _____

Home E-mail Address _____ Home Fax _____

WORK HISTORY

Position at Current Employer _____ identified above :

Main activity of business : _____

Date of Employment : From (Month/Year) _____

Duties _____

Job Duties	% of Duties
Portfolio Management	_____
Investment Analysis	_____
Other Investment Related Duties	_____
Non-Investment Related Duties	_____
Total Percentage	100%

Prior Employer #1 : _____ Main activity of business : _____

Position : _____

Date of Employment : From _____ To _____
(Month/Year)
(Month/Year)

Duties _____

Job Duties	% of Duties
Portfolio Management	_____
Investment Analysis	_____
Other Investment Related Duties	_____
Non-Investment Related Duties	_____
Total Percentage	100%

(For more work history, provide additional sheet)

Thank you for completing this form, please return it to us by email at member@cfahk.org, or by post at CFA Society Hong Kong, 14/F, BOC Group Life Assurance Tower, 136 Des Voeux Road Central, Hong Kong.