



SECURITIES AND FUTURES COMMISSION
證券及期貨事務監察委員會

ACADEMIC AND ACCREDITATION ADVISORY COMMITTEE

**APPLICATION FORM FOR PROFESSIONAL BODIES
AND TERTIARY INSTITUTIONS FOR
APPROVAL AS RECOGNIZED INSTITUTIONS**

NOTES

1. This form is for approval as recognized institutions for providing Continuous Professional Training.
2. All questions MUST be answered, if any question is not applicable, please write "N.A."
3. If there is insufficient space to complete your answer to any question, please continue on a separate sheet and specify the question to which the sheet relates.
4. Any changes in the information given prior to the approval of this application should be notified immediately to the Academic and Accreditation Advisory Committee.

1. Background information of the applicant:

- a) Name (in English) _____
(in Chinese) _____
- b) Address _____

- c) Telephone Number _____
- d) Fax Number _____
- e) Email Address _____
- f) Contact Person _____
- g) Type of Membership _____
- h) Primary Business Activities _____

2. Please describe the scope and means of training, e.g. subjects and by lectures, workshops, notes, etc.

3. Please set out the objectives of these training programmes.

7. Would there be any ongoing evaluation and updating of the training programmes? If yes, please describe the procedures and assessment criteria.

8. Is there any feedback evaluation from attendees?

9. Is there any system in place for recording enrolments, attendance and completion of the training programmes?

10. Please set out your case that you are qualified to be a recognized institution.

Signed on behalf of the Applicant

Name & Capacity

Date