

Financial Planning Association of Malaysia
 PETI SURAT 10894
 50728 KUALA LUMPUR

Tel: 03-7954 9500 Fax: 03-7954 9400

For office use only	
Trade / Member ID:	
Approved by/Date:	

APPLICATION FOR CHALLENGE STATUS FOR THE CFP CERTIFICATION COURSE

Name :							
New IC number :					Date of Birth :		
Correspondence Address :							
		Post Code :					
Contact :		Mobile :			Home :		
Email address :							
Marital Status : Single / Married / Others			Race : Bumiputra / Chinese / Indian / Others			Gender : Male / Female	
EMPLOYMENT							
Name of Organisation :							
Occupation :							
Company's Address :							
		Post Code :					
Office Email :			Office No.:			Fax No.:	
Industry Profile:	INSURANCE	UNIT TRUST	BANK	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY	
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY		NON FINANCE CORPORATION	ACADEMIA	STUDENT	
PAYMENT MODE							
Application fee : RM 450.00				Payment to : FINANCIAL PLANNING ASSOCIATION OF MALAYSIA			
<input type="checkbox"/> By Cash				<input type="checkbox"/> By Cheque : _____			
<input type="checkbox"/> By Credit Card (Direct Debit) <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX (4 digits bank code on front of card __ __ __ __ {Amex card only}) Card Number : _____ Card Expiry Date: _____							
QUALIFICATIONS							
Name of Institution		Qualification awarded			Date awarded		

The following credentials/ qualifications will be considered for exemptions:

- Professional accountants (MIA, CPA (M), CPA(Aust)., AICPA, CA, ACCA, ICMA and AIA)
- Chartered Secretaries (ICSA) & (Fellow of MACS)
- Chartered Financial Consultants (ChFC) or Chartered Financial Analysts (CFA)
- Masters (Business Admin / Finance / Economics / Accounting) from accredited universities.
- PhD (Business, Accounting or Economics) of Doctorate in Business Administration.
- Islamic Financial Planner (IFP) – Applicant are required to attend Insurance Planning & Estate Planning workshop in addition to the Module 4 workshop.

For this application, you need to :

1. Complete Trade membership registration form. Trade membership fee is waived for one year only.
2. Attach a **certified** copy of your **Masters or PhD and academic transcript** or a certified copy of your **approved professional qualifications** to support your application. Certification can be done by a Commissioner of Oath, CFP certificant, our approved Education Providers or a member of MIA. All certificates must bear the full name and membership number of certificant (where applicable)

3. Enclose letter(s) from present/past employer(s) confirming 3 years of relevant work experience. If you are self-employed, a CFP certificant or a member of MIA can attest to your years of work experience.
4. All applications are subject to review and approval by FPAM. FPAM may in its absolute discretion refuse to grant the challenge status exemption to any applicant.
5. If you have any concerns, issues or further queries regarding your challenge status exemption, please contact us by email at membership@fpam.org.my

The application fee for Challenge Status excludes all examination fees. Please note applications that are incomplete or not supported by certified copies of documents will not be processed. ***Fax and /or photocopy applications will not be accepted.***

Those seeking for challenge status must apply for exemption **at least one month before registration for any examination.** Applications for challenge status must not be submitted together with your examination registration form. **Failure to comply will result in your application for challenge status not being processed in time for your next examination.**

Please take note that the application fee is valid for 3 consecutive examination attempts only.

I acknowledge that I am entitled to a maximum of **3 consecutive** examination attempts only for challenge status, commencing immediately after obtaining approval from FPAM.

I hereby declare that all information is true to the best of my knowledge, and I understand that FPAM reserves the right to verify the information that I have provided in this form.

Signature

Date



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Discrepancy	
O/R #	

TRADE MEMBER REGISTRATION FORM – CFP CERTIFICATION COURSE

Please complete in "BLOCK LETTERS". (Please circle where applicable)

1. PARTICULARS OF APPLICANT

Name (Full name as in NRIC):			
New IC number / Passport No.:		Date of Birth:	
Correspondence Address:			
			Post Code:
Mobile No.:		Home Tel:	
Email address (Preferred):			
Email address (Alternate):			
Gender : Male / Female	Marital Status: Single / Married / Others	Race : Bumiputra / Chinese / Indian / Others	

2. EDUCATION ATTAINED

University	Qualification	Year awarded

Note : Please include certified true copy of degree

3. EMPLOYMENT

Name of Organisation:		Job Title:	
Company's address:			
Post Code:		Office No.:	Fax No.:
Industry Profile:	INSURANCE	UNIT TRUST	BANK
	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
	ACADEMIA	STUDENT	

4. WORKING EXPERIENCE

Years of Experience	Industry (Eg. Insurance, Unit Trust)	Position Held	Company

5. MEMBERSHIP FEE

MEMBERSHIP FEE WAIVED FOR 1ST YEAR UPON APPLICATION FOR CHALLENGE STATUS.

7. DECLARATION (BY APPLICANT)

I hereby declare that all information is true to the best of my knowledge, and I understand FPAM reserves the rights to verify information I have provided in this form. I agree to adhere by FPAM's Professional Code of Ethics & Professional Responsibilities.

Signature : _____ Date : _____

Trade Member ID : _____

Date : _____