

Application for Modular Exemption for the CFP certification course

Name	:	
New IC number	:	
Correspondence Address	:	
		Post Code:
Contact Number	:	Mobile:
Email address	:	Office:

PAYMENT MODE

Exemption fee : **RM 175.00** Payment to : **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

By Cash By Cheque : _____

By Credit Card (Direct Debit) VISA MASTER AMEX (4 digits bank code on front of card ____ {Amex card only})

Card Number : _____ Card Expiry Date: _____

I am a **degree holder** and would like to apply for exemption based on the following qualification obtained (please tick ✓):

(✓)	Qualification	M1	M2	Tax Planning workshop
	FIMM active member who has passed 'CUTE' examination	X		
	FIMM active member who has passed 'PRS' examination	X		
	Registered Financial Planners (MFPC) Holder	X	X	X
	Syariah Registered Financial Planners (MFPC) Holder	X	X	X

Note:

Successful applicants must attend the Tax Planning workshop before registering for further modules of the certification program.

For this application, you need to :

1. Attach a **certified** copy of your **degree and academic transcript** or a certified copy of your **approved credentials** to support your application. Certification can be done by a Commissioner of Oath, CFP certificant, our approved Education Providers or member of MIA. All certification must bear the full name and membership number of certificant (where applicable).
2. Complete the **Trade membership** (if you are not a member yet) and **Associate membership** forms. Enclose together with **payment** to FPAM. Payment is only required for Associate membership application.
3. Applicants are required to complete both the Trade Membership and Associate Membership forms.
4. All applications are subject to review and approval by FPAM. FPAM may in its absolute discretion refuse to grant the modular exemption to any applicant.
5. If you have any concerns, issues or further queries regarding your modular exemption, please contact us by email at *membership@fpam.org.my*

The membership form can be obtained from FPAM or our approved Education Providers. Please note applications that are not fully completed and/or accompanied by certified copies of documents and Trade membership form will not be processed. **Fax and/or photocopy applications will not be accepted.**

I affirm the facts given are true and correct.

Signature _____

Date _____

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 MODULAR EXEMPTION.

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 : _____

