



<i>For office use only</i>	
Module 4 completed	
Discrepancy	
Checked by	
O/R #	

CERTIFIED MEMBERSHIP - APPLICATION FORM 2019

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

1. PARTICULARS OF APPLICANT

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

2. EDUCATION ATTAINED

Please specify :

3. EMPLOYMENT

Name of Organisation:			
Company's address:			
Post Code:		Office No.:	Fax No.:
Job Title:		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	

4. WORKING EXPERIENCE

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

5. OTHER INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been charged or convicted in a court of law, or are there any pending charges? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had a business related licence, registration or membership revoked, denied or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you an undischarged bankrupt or ever been declared bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you have answered YES to any of the above questions, please attach relevant documents which provide full details of the matters.

6. PAYMENT

Payment to : **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

Application fee* : **RM410** - January to December **RM285** - July to December

* (Fees include USD39.50 for license fees to Financial Planning Standards Board Ltd (FPSB))

- By Cash By Cheque : _____
- By Credit Card (Direct Debit) VISA MASTER AMEX (for AMEX card holder: 4 digit bank code on front of card _____)

Card number : _____ Card Expiry date: _____

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 abide by FPAM's Professional Responsibilities and Code of Ethics, Disciplinary Procedures and Rules for use of CFP marks.

Signature : _____ Date : _____

Approved By : _____

Approved CFP ID : _____