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GST TAX FILE NO. :000173154304

<i>For Office use only</i>	
Expiry date	
Discrepancy	
Approve for entry	
O/R #	

## REGISTRATION FOR THE CERTIFICATION PROGRAM EXAMINATIONS

### Complete in full using BLOCK LETTERS

This form must be submitted within the following timeframe:

- a. To FPAM - 3 weeks before the examination date
- b. To Education Providers - 4 weeks before the examination date

**Late submission after the closing date would be subjected to a late registration of RM50.00**

FPAM has the sole discretion:

- To switch candidates to another examination venue if insufficient candidates are registered at the preferred examination venue and;
- To allocate the examination venue if the venue has not been chosen. FPAM's decision is final.

<b>Name:</b>		<b>New I/C No.:</b>		
<b>Membership No: (Trade/Associate Member)</b>		<b>Education Provider: (To be stamped by EP)</b>		
Module	Exam session	First Sitting	Re-sitting	Exam Venue (pls tick ✓)
				<input type="checkbox"/> KL - KUALA LUMPUR <input type="checkbox"/> PG - PENANG <input type="checkbox"/> KK - KOTA KINABALU (June/July session only) <input type="checkbox"/> KCH - KUCHING (Dec session only)
<b>M4 (Candidate is required to complete the work experience summary form, please request form from EP or FPAM)</b>				<input type="checkbox"/> JB - JOHOR BAHRU

### IMPORTANT REMINDER

- a. Please ensure that your membership is valid at time of registration and upgrade your membership if necessary.
- b. You must be an Associate Member to register for Modules 2 to 4. (Except for Challenge Status candidates).
- c. All candidates must be enrolled in a CFP certification Program with Approved Education Providers.

<b>*Exam fees payable</b>	RM	Office Contact:	Fax No.:
Cash		Mobile No.:	Email :
<b>Online / ATM transfer to FPAM Alliance Bank account no: 1210 9001 0005 395 or Maybank account no: 5140 7512 8677</b> (Please provide copy of payment receipt for tracking)			
Credit Card No.:		Card type: VISA / MASTER / DINERS / AMEX	
Card Expiry date:		for AMEX card holder (pls provide 4 digits bank code on front of card)	

*Candidate/Card holder's signature  
authorizing credit card direct debit*

*Exam Fees Payable		(Excluding subsidiary or associate companies)	Module 1 / Module 2 / Module 3	Module 4	Late submission fee
Charter Members rate	}		RM250	RM500	RM50
Corporate Members rate			RM300	RM600	RM50
Individuals (Public)			RM350	RM700	RM50

**FPAM will not entertain any request for cancellation or postponement of examination by candidates after receipt of this Examination Registration form. No refund of the examination fees will be made under any circumstances.**

### ENDORSEMENT BY CHARTER OR CORPORATE MEMBER TO BE ELIGIBLE FOR CHARTER OR CORPORATE MEMBER RATES

\*\*(If no endorsement provided in the space below, candidates will be considered as individuals (Public))

We certify that the candidate named in this registration form is an employee or agent of our company.

\_\_\_\_\_  
 Signature  
 Name & Designation  
 General Manager or Branch Manager  
 Date:

\_\_\_\_\_  
 Company Stamp