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For office use only	
Module 1 completed	
Discrepancy	
Checked by	
O/R #	

IFP - ASSOCIATE MEMBERSHIP APPLICATION FORM

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:
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

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	
Industry Profile:	INSURANCE	UNIT TRUST	BANK
	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
		ACADEMIA	STUDENT

4. OTHER INFORMATION

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 Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds?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

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

5. PAYMENT

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

Application fee : **RM 150** - January to December **RM 75** - July to December

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: _____

6. 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 : _____

Approved By : _____

AFPM No. : _____