



Unit 305, Block A, Phileo Damansara I
 Jalan 16/11, Seksyen 16, Off Jalan Damansara
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Discrepancy	
O/R #	

GST TAX FILE NO. :000173154304

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. PAYMENT

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

Application fee : **RM50** - January to December **RM25** - 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. IMPORTANT NOTE

You are required to upgrade to Associate status within 3 months of passing Module 1, failing which you will be required to resit the Module.

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 : _____
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