



Unit 305, Block A, Phileo Damansara I
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GST TAX FILE NO. :000173154304

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

ASSOCIATE MEMBER APPLICATION 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.: | | 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? | <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.

5. PAYMENT

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

Application fee : **RM150** - January to December **RM75** - July to December

By Cash - Online / ATM transfer to FPAM Alliance bank account no: 1210 9001 0005 395 or Maybank account no: 5140 7512 8677
 (Please provide copy of payment receipt for tracking)

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. : _____