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|                     |  |
|---------------------|--|
| For Office use only |  |
| Expiry date         |  |
| Discrepancy         |  |
| Approve for entry   |  |
| O/R #               |  |

GST TAX FILE NO. :000173154304

## 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 reject this registration:

- If candidates do not fulfill the required attendance for tutorial;
- If payment clearance unsuccessful.

|   |                     |  |                   |
|---|---------------------|--|-------------------|
| <b>Name:</b>  |                     | <b>New I/C No.:</b>                                  |                   |
| <b>Membership No:<br/>(Trade/Associate Member)</b>  |                     | <b>Education Provider:<br/>(To be stamped by EP)</b> |                   |
| <b>Module</b>   | <b>Exam session</b> | <b>First Sitting</b>                                 | <b>Re-sitting</b> |
|   |                     |  |                   |
|   |                     |  |                   |
| <b>M4 (Candidate is required to complete the work experience summary form, please request form from EP or FPAM)</b> |                     |  |                   |

**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><br>(Please provide copy of payment receipt for tracking) |              |   |          |
| Credit Card No.:   |              | Card type: VISA / MASTER / DINERS / AMEX                                  |          |
| *Card Expiry date:   | *CCV number: | for AMEX card holder<br>(pls provide 4 digits bank code on front of card) |          |

\* Required fields

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

| *Exam Fees Payable     |   | Module 1 / Module 2 / Module 3 | Module 4 | Late submission fee |
|------------------------|---|--------------------------------|----------|---------------------|
| Charter Members rate   | } (Excluding subsidiary or associate companies) | 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