



Unit 305, Block A, Phileo Damansara I  
 Jalan 16/11, Seksyen 16, Off Jalan Damansara  
 46350 Petaling Jaya, Selangor  
 TEL : 03 - 7954 9500  
 FAX : 03 - 7954 9400  
 WEBSITE: www.fpam.org.my

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Trade / Member ID:

Approved by/Date:

### APPLICATION FOR CHALLENGE STATUS FOR THE CFP CERTIFICATION COURSE

<b>Name :</b>			
<b>New IC number :</b>		<b>Date of Birth :</b>	
<b>Correspondence Address :</b>			
			<b>Post Code :</b>
<b>Contact :</b>		<b>Mobile :</b>	<b>Home :</b>
<b>Email address :</b>			
<b>Marital Status : Single / Married / Others</b>		<b>Race : Bumiputra / Chinese / Indian / Others</b>	<b>Gender : Male / Female</b>

#### EMPLOYMENT

<b>Name of Organisation :</b>			
<b>Occupation :</b>			
<b>Company's Address :</b>			
		<b>Post Code :</b>	
<b>Office Email :</b>		<b>Office No.:</b>	<b>Fax No.:</b>
<b>Industry Profile:</b>	INSURANCE	UNIT TRUST	BANK
	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
	ACADEMIA	STUDENT	

#### WORKING EXPERIENCE

Years of Work Experience	Industry (Eg. Insurance, Unit Trust)	Position Held	Company

#### QUALIFICATIONS

Name of Institution	Qualification awarded	Date awarded

Application fee :  **RM450**

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

\*Card number : \_\_\_\_\_

\*Card Expiry date: \_\_\_\_\_

\* Required fields

The following credentials/ qualifications will be considered for exemptions:

- Professional accountants (MIA, CPA (M), CPA(Aust)., AICPA, CA, ACCA, ICMA and AIA)
- Chartered Secretaries (ICSA ) & ( Fellow of MACS)
- Chartered Financial Consultants (ChFC) or Chartered Financial Analysts (CFA)
- Masters (Business Admin / Finance / Economics / Accounting) from accredited universities.
- PhD (Business, Accounting or Economics) of Doctorate in Business Administration.
- Islamic Financial Planner (IFP) – Applicant are required to attend Insurance Planning & Estate Planning workshop in addition to the Module 4 workshop.

For this application, you need to :

1. Complete Trade membership registration form. Trade membership fee is waived for one year only.
2. Attach a **certified** copy of your **Masters or PhD and academic transcript** or a certified copy of your **approved professional qualifications** to support your application. Certification can be done by a Commissioner of Oath, CFP certificant, our approved Education Providers or a member of MIA. All certificates must bear the full name and membership number of certificant (where applicable)
3. Enclose letter(s) from present/past employer(s) confirming 3 years of relevant work experience. If you are self-employed, a CFP certificant or a member of MIA can attest to your years of work experience.
4. All applications are subject to review and approval by FPAM. FPAM may in its absolute discretion refuse to grant the challenge status exemption to any applicant.
5. If you have any concerns, issues or further queries regarding your challenge status exemption, please contact us by email at [membership@fpam.org.my](mailto:membership@fpam.org.my)

**The application fee for Challenge Status excludes all examination fees.** Please note applications that are incomplete or not supported by certified copies of documents will not be processed. ***Fax and /or photocopy applications will not be accepted.***

Those seeking for challenge status must apply for exemption **at least one month before registration for any examination.** Applications for challenge status must not be submitted together with your examination registration form. **Failure to comply will result in your application for challenge status not being processed in time for your next examination.**

Please take note that the application fee is valid for 3 consecutive examination attempts only.

I acknowledge that I am entitled to a maximum of **3 consecutive** examination attempts only for challenge status, commencing immediately after obtaining approval from FPAM.

I hereby declare that all information is true to the best of my knowledge, and I understand that FPAM reserves the right to verify the information that I have provided in this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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GST TAX FILE NO. :000173154304

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Discrepancy

O/R #

## TRADE MEMBER REGISTRATION FORM – CFP CERTIFICATION COURSE

Please complete in "BLOCK LETTERS". (Please circle where applicable)

### 1. PARTICULARS OF APPLICANT

<b>Name (Full name as in NRIC):</b>			
<b>New IC number / Passport No.:</b>		<b>Date of Birth:</b>	
<b>Correspondence Address:</b>			
			<b>Post Code:</b>
<b>Mobile No.:</b>		<b>Home Tel:</b>	
<b>Email address (Preferred):</b>			
<b>Email address (Alternate):</b>			
<b>Gender : Male / Female</b>	<b>Marital Status: Single / Married / Others</b>	<b>Race : Bumiputra / Chinese / Indian / Others</b>	

### 2. EDUCATION ATTAINED

University	Qualification	Year awarded

**Note : Please include certified true copy of degree**

### 3. EMPLOYMENT

<b>Name of Organisation:</b>		<b>Job Title:</b>	
<b>Company's address:</b>			
<b>Post Code:</b>		<b>Office No.:</b>	<b>Fax No.:</b>
<b>Industry Profile:</b>	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. MEMBERSHIP FEE

**MEMBERSHIP FEE WAIVED FOR 1<sup>ST</sup> YEAR UPON APPLICATION FOR CHALLENGE STATUS.**

### 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 : \_\_\_\_\_