

To: Financial Planning Association of Malaysia  
Accounts / Finance Department  
Unit 305, Block A, Phileo Damansara I  
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**Annual Membership Subscription Payment Form – Auto Debit**

I, \_\_\_\_\_ (Name); \_\_\_\_\_ (Membership No.), hereby authorize FPAM to charge **RM**\_\_\_\_\_ to my credit card as follows for **AUTO DEBIT** payment of membership recertification fees:

Card\* : MASTER / VISA / DINERS / AMEX  
Cardholder's Name : \_\_\_\_\_  
Card Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Card Expiry Date : \_\_\_\_/\_\_\_\_ (mm / yy)

Cardholder's Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

\* delete where not applicable

**5 CE points when you recertify your membership**

*Note:  
Members' name will be published on FPAM website, when members have fulfilled the CE requirement as per Code of Ethics. For CE points inquiry, please email to [events@fpam.org.my](mailto:events@fpam.org.my)*