

For office use only	
Discrepancy	
O/R#	

ASSOCIATION OF MALAYSIA WEBSITE: www.fpam.org.my						O/R #	‡					
	ILE NO. :000173154304											
TRADE MI	EMBER	REGI	STRAT	ION FO	RM –	CFP	CERT	IFIC	ATIO	N CO	DURSE	
Please complete in												
1. PARTICULARS O	F APPLICAN											
Name (Full name a	s in NRIC):											
New IC number / Passport No.:								Date o	of Birth:			
Correspondence Ac	ldress:											
								Post 0	Code:			
Mobile No.:						Home	Tel:					
Email address (Pre	ferred):											
Email address (Alte	ernate):											
Gender: Male / Fe	male Mari	ital Statı	us: Single	/ Married /	Others	Race :	Bumipu	itra / C	Chinese /	' India	n / Others	
2. EDUCATION ATT	AINED											
Univ	University Q				ıalification				Year awarded			
Note : Please incl	ude certified	true cop	by of degre	ee								
3. EMPLOYMENT							2.1.2011					
Name of Organisation:							Job Titl	e:				
Company's address	5:											
Doct Code				Office No.				T	N			
Post Code:	INSURANC	Office						T MANAGEMENT FINANCE COMPANY				
Industry Profile:	STOCK BRO					COUNTANT ASSET						
TRUST & WILLS		KING	FINANCIAL	ADVISORY	NONF	INANCE	LURPURA	TION	ACADI	IMIA	STUDENT	1
4. WORKING EXPERIENCE Years of Experience Industry (Eg. Insurance, Unit Tru				ce Unit Trus	st)	Position Held			Company			
rears or Experien	1110	industry (Eg. Insurance			c, one rruse)		1 Osicion Tielu		Company			
5. PAYMENT												
Payment to : FINAN	CIAL PLANN	ING ASS	OCIATION	OF MALAYS	IA							
Application fee :	□ RM50 -	January t	o Decembe	r	1	□ RM25	- July to	Decem	ber			
☐ By Cash - Online / (Please provide cop				count no: 1210	9001 000	5 395 or M	laybank ac	count no	: 5140 75:	12 8677		
☐ By Credit Card (Dir			□ MASTER	□ AMEX								
*Card number :						*Card Ex	oiry date: _					
* Required fields												
6. IMPORTANT NOT	ſΕ											
You are required to the Module.	upgrade to As	sociate s	status with	in 3 months o	of passin	g Module	1, failing	y which	you will	be requ	iired to resi	t
7. DECLARATION (BY APPLICAN	NT)										
I hereby declare that all and I understand FPAM provided in this form. Ethics & Professional Res	I reserves the I agree to adhe	rights to v	verify informa	ation I have	Trade M	1ember ID	:					

Date : _____

Last Update: Mar 2023

Signature : _