



1101 & 1102, BLOCK B
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JALAN 16/11
OFF JALAN DAMANSARA
46350 SELANGOR
TEL : 03 - 7954 9500
FAX : 03 - 7954 9400
WEBSITE: www.fpam.org.my

ASSOCIATE MEMBER - NOTICE OF RECERTIFICATION

Date	Fees Code	Transaction Details	Amount	0% GST	Outstanding Balance (RM)
01.01.2026	RENEWAL	Being membership fees for January 2026 to December 2026	150.00	0.00	150.00

I, _____ (Name); _____ (Membership No.), hereby authorise FPAM to charge **RM150.00** to my credit card as follows :

Credit Card (Direct Debit) : VISA / MASTER / AMEX

Card Number : _____

Card Expiry Date : _____ (MM/YY)

~ Certified membership fee is inclusive of the US\$39.50 payable annually to Financial Planning Standards Board Ltd (FPSB).

If you hold a Capital Market Services Licence, please indicate Licence no. _____.

Other payment Modes:

- ☐ By Cash : RM _____ (payment to be made in person at FPAM's office only)
- ☐ By 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 Cheque (made payable to **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**)
Cheque No : _____ Amount : _____

AUTO DEBIT FOR FUTURE PAYMENT OF ANNUAL MEMBERSHIP FEES: YES / NO (CIRCLE)

In the event that payment using the above credit card is declined, your auto debit instruction will not be activated. FPAM shall contact you to request for the new credit card number. If you have any queries on this statement, please call or email to membership@fpam.org.my

Other Information (must be completed by Associate & Certified members)	YES	NO
Have you ever been charged or convicted in court of law, or are there any pending charges?		
Have you had a business related licence, registration or membership revoked, denied or suspended?		
Are you an undischarged bankrupt or ever been declared bankrupt?		
Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity?		
Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity?		
Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds?		
Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice?		
Note: If you have answered YES to any of the above questions, please attach the relevant documents which provide full details of the matter.		

Declaration (by Associate & Certified members only) I hereby agree to abide by FPAM's Professional Responsibility and Code of Ethics and Rules for use of CFP ^{CERT} ™ Marks. I hereby declare that I have not committed any ethical violations or have any pending disciplinary proceedings (civil or criminal) against me.	Signature: _____ Date: _____
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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**