

Application for Modular Exemption for the CFP certification course

Name	:	
New IC number	:	
Correspondence Address	:	
		Post Code:
Contact Number	:	Mobile:
Email address	:	Office:

PAYMENT MODE

Exemption fee : **RM200 per module**

Payment to : **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

- ☐ 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

I am a **degree holder** and would like to apply for exemption based on the following qualification obtained (please tick ✓):

(✓)	Qualification	M1	M2
	FIMM active member who has passed 'CUTE' / 'PRS' or 'FCE' examination	X	
	Registered Financial Planners (MFPC) Holder	X	X
	Syariah Registered Financial Planners (MFPC) Holder	X	X

Note:

Successful applicants must attend the Tax Planning workshop before registering for further modules of the certification program.

For this application, you need to :

1. Attach a **certified** copy of your **degree and academic transcript** or a certified copy of your **approved credentials** to support your application. Certification can be done by a Commissioner of Oath, CFP certificant, our approved Education Providers or member of MIA. All certification must bear the full name and membership number of certificant (where applicable).
2. Complete the **Trade membership** (if you are not a member yet) and **Associate membership** forms. Enclose together with **payment** to FPAM. Payment is only required for Associate membership application.
3. Applicants are required to complete both the Trade Membership and Associate Membership forms.
4. All applications are subject to review and approval by FPAM. FPAM may in its absolute discretion refuse to grant the modular exemption to any applicant.
5. If you have any concerns, issues or further queries regarding your modular exemption, please contact us by email at membership@fpam.org.my

The membership form can be obtained from FPAM or our approved Education Providers. Please note applications that are not fully completed and/or accompanied by certified copies of documents and Trade membership form will not be processed. ***Fax and/or photocopy applications will not be accepted.***

I affirm the facts given are true and correct.

Signature

Date

TRADE MEMBER REGISTRATION FORM – CFP CERTIFICATION COURSE

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

1. PARTICULARS OF APPLICANT

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

2. EDUCATION ATTAINED

University	Qualification	Year awarded

Note : Please include certified true copy of degree

3. EMPLOYMENT

Name of Organisation:		Job Title:	
Company's address:			
Post Code:		Office No.:	Fax No.:
Industry Profile:	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 1ST YEAR UPON APPLICATION FOR MODULAR EXEMPTION.

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 : _____

<i>For office use only</i>	
Module 1 completed	
Discrepancy	
Checked by	
O/R #	

ASSOCIATE MEMBER APPLICATION FORM – CFP CERTIFICATION COURSE

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

1. PARTICULARS OF APPLICANT

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

2. EDUCATION ATTAINED

University	Qualification	Year Awarded

3. EMPLOYMENT

Name of Organisation:			
Company's address:			
Post Code:		Office No.:	Fax No.:
Job Title:		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
Industry Profile:	INSURANCE	UNIT TRUST	BANK
	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
	ACADEMIA	STUDENT	

4. OTHER INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been charged or convicted in a court of law, or are there any pending charges? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had a business related licence, registration or membership revoked, denied or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you an undischarged bankrupt or ever been declared bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you have answered YES to any of the above questions, please attach relevant documents which provide full details of the matters.

5. PAYMENT

Payment to : **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

Application fee: ☐ **RM150** - January to December

☐ **RM75** - July to December

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*Card number : _____

*Card Expiry date: _____

* Required fields

6. 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 : _____

Approved By : _____

AFPM No. : _____