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GST TAX FILE NO. :000173154304

For office use only

Discrepancy

O/R #

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. PAYMENT

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

Application fee : **RM50** – January to December

RM25 – July to December

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

6. IMPORTANT NOTE

You are required to upgrade to Associate status within 3 months of passing Module 1, failing which you will be required to resit the Module.

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 : _____