Financial Planning Association of Malaysia PETI SURAT 10894

50728 KUALA LUMPUR

Signature

Date

Tel: 03-7954 9500 Fax: 03-7954 9400

	Application for	or Modular Exemption	for the CFP ce	rtification course								
Name	:											
lew IC	number :											
orresp	oondence Address :											
			Post Code:									
	: Number :	Mobile:		Office:								
	ddress :											
xempti	ENT MODE on fee : RM 175.00 Cash	,		NNING ASSOCIATIO								
	Credit Card (Direct Debit) d Number :			e on front of card								
	a degree holder and wheel (please tick ✓):	would like to apply fo	r exemption b	pased on the foll	owing qualificat							
(√)	Qualific	ation	M1	Tax Planning workshop								
	FiMM active member who has p	passed 'CUTE' examination	Х									
	FiMM active member who has p	passed 'PRS' examination	Х									
	Registered Financial Planners (MFPC) Holder	Х	Х	Х							
	Syariah Registered Financial Pl	anners (MFPC) Holder	Х	х	Х							
ertification of the second control of the se	ssful applicants must atter cation program. s application, you need to: tach a <u>certified</u> copy of your poort your application. Certification oviders or member of MIA. Applicable).	degree and academic tra ation can be done by a Co	nscript or a certi mmissioner of Oa	fied copy of your <u>ap</u> ath, CFP certificant, o	proved credential our approved Educa							
	omplete the <u>Trade membershi</u>				s. Enclose together							
ар 2. Со	lyment to FPAM. Payment is of	payment to FPAM. Payment is only required for Associate membership application. Applicants are required to complete both the Trade Membership and Associate Membership forms.										
ap 2. Co <u>pa</u>		te both the Trade Membersl	nip and Associate	Membership forms.								
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ap 2. Co pa 3. Ap 4. All ex 5. If	oplicants are required to comple I applications are subject to rev	ew and approval by FPAM. F	FPAM may in its ab	osolute discretion refu	-							
ap 2. Co pa 3. Ap 4. All ex 5. If me The me fully co	oplicants are required to comple I applications are subject to review to any applicant. You have any concerns, issue	ew and approval by FPAM. F s or further queries regard ed from FPAM or our approv by certified copies of docum	PAM may in its ab ling your modular	esolute discretion refu rexemption, please viders. Please note a	contact us by emai							



PETI SURAT 10894 50728 KUALA LUMPUR

TEL: 03 - 7954 9500 FAX: 03 - 7954 9400 WEBSITE: www.fpam.org.my

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Discrepancy							
O/R #							

GST TAX FILE NO. :000173154304

TRADE M	EME	BER RE	GIS	STRAT	ION FO	RM ·	- CFP (CERT	IFI(CATIO	ON C	OURSE	
Please complete in "BLOCK LETTERS". (Please circle where applicable)													
1. PARTICULARS OF APPLICANT													
Name (Full name as in NRIC):													
New IC number / F	Passp	ort No.:							Date	of Birth	:		
Correspondence Ac	dres	s:											
	T T												
								Post	Code:				
Mobile No.:							Home '	Tel:					
Email address (Pre	ferre	d):											
Email address (Alto	ernate	e):											
Gender: Male / Fe	emale	Marital	Status	s: Single	/ Married /	Others	Race:	Bumipu	tra /	Chinese	/ India	n / Others	
2. EDUCATION ATT	AINE	D											
Univ	ersit/	у			Qu	alifica	tion			Year awarded			
Note : Please incl 3. EMPLOYMENT	ude c	ertified tru	е сору	of degre	ee								
Name of Organisat	ion							Job Title	0'				
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Company's address:													
Post Code:				Office No.:				T,			Fax No.:		
Industry Profile:	TN	SURANCE	UNIT TRUST		BANK	ACCOUNTANT		ΔSSFT		AGEMENT	FINA	NCE COMPANY	
TRUST & WILLS		OCK BROKIN	<u> </u>		ADVISORY			INANCE CORPORATION					
4. WORKING EXPE				110 (1701) (2	TAB VIOORI	None	7110 (1102 0		11011	7 (6) (2	Z. 117 (STODENT	
Years of Experien			stry (Eg. Insurance, Unit Trust)				t) Position Held			Company			
•			7 (2		<u> </u>				. ,				
5. MEMBERSHIP FE	E												
MEMBERSHIP FEE WATVER FOR 1ST VEAR HOOM ARRIVESTED FOR MORIU AR EVENTSON													
MEMBERSHIP FEE WAIVED FOR 1 ST YEAR UPON APPLICATION FOR MODULAR EXEMPTION.													
7. DECLARATION (the he	st of my kno	owledge and								
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 & Trade Member ID:													
Professional Responsibil	ities.	•				Data							
Signature :			L	vate :		Date	:						



TEL: 03 - 7954 9500 FAX: 03 - 7954 9400

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Module 1 completed	
Discrepancy	
Checked by	
O/R #	

ASSOCIATION OF MALAYSIA	WE	BSITE: www.fpa	am.org.m	iy				C)/R #						
GST TAX FILE NO	. :000)173154304													
ASSOCIAT	E M	EMBER	APP	LICA	NOIT	IF	ORM -	- CFP	CE	RTIF	ICATI	ON	COUF	RSE	
Please complete in	"BLC	OCK LETTERS	5". (Ple	ase circ	le where	ар	plicable)								
1. PARTICULARS O	F API	PLICANT													
Name (Full name a	s in N	NRIC):													
New IC number / P	assp	ort No.:								FPAM	Member	ID:			
Correspondence Ad	ldres	s:													
										Post (Code:				
Mobile No.:								Home 1	Γel.:						
Email address (Pre	ferre	d):					<u></u>								
Email address (Alte	ernat	 e):													
Gender: Male / Fe	male	Marital S	itatus:	Single	/ Marrie	d /	Others	Race :	Bumir	outra /	Chinese	/ India	n / Oth	ers	
2. EDUCATION ATT					,	• ,				,					
	versi		Qualification				n			Υ	Year Awarded				
			Qualification									Tear Awarded			
3. EMPLOYMENT															
Name of Organisati	on:														
Company's address	;:														
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Post Code:				Office No.:						En	x No.:				
			office No.:				e 140								
Job Title:			.			1					Employed		☐ Self-Employed		
Industry Profile:	IN	SURANCE	UNIT T	NIT TRUST BANK						ATTON ACADE		FINA	FINANCE COMPANY		
TRUST & WILLS		OCK BROKING	i FIN	NANCIAL ADVISORY NON FINANCE CORPORA					ATION	ACADI	EMIA	STUI	DENT		
1. Have you ever been charged or convicted in a court of law, or are there any pending charges? 2. Have you had a business related licence, registration or membership revoked, denied or suspended? 3. Are you an undischarged bankrupt or ever been declared bankrupt? 4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? 5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? 6. Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds? 7. Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice? 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	ea yes t	o any or the abo	ve questio	ons, piease	e attach reie	evant	aocuments v	vnich provi	іае тин а	ietaiis or	tne matters.				
Payment to : FINANCIA	N DI	ANNING ASSO	CIATIO	N OE MAI	AVSTA										
Application fee :		RM150 - Janua			LAISIA		□ R	. M75 - Jul	ly to De	cember					
□ By Cash		By Cheque :													
☐ By Credit Card (Dire															
Card number :										_ Card	Expiry date:				
6. DECLARATION (
I hereby declare that all i understand FPAM reserves form. I agree to adhere Responsibilities.	the r	ights to verify in	formation	ı I have pr	rovided in th	nis	Approved By	· :							

AFPM No.

Date : _

Signature : _