



Lot 16-02, 16th Floor,
Block B, HP Towers,
No. 12 Jalan Gelenggang,
Bukit Damansara, 50490 Kuala Lumpur.
Tel: 03-2095 7713 Fax: 03-2095 7719
Website: www.fpam.org.my

REGISTRATION FOR THE CFP CERTIFICATION PROGRAM EXAMINATIONS

Complete in full using BLOCK LETTERS.

This form must be submitted within the following timeframe:

- a. To FPAM - 7 weeks before the examination date
- b. To Education Providers - 8 weeks before the examination date

Preferred Exam Venue	(✓)
Kuala Lumpur	
Penang	
Kota Kinabalu	
Kuching	
Johor	

FPAM has the sole discretion:

- a) to switch candidates to another examination venue if insufficient candidates are registered at the preferred examination venue and
- b) to allocate the examination venue if the boxes are left blank. FPAM's decision is final.

Name	New I/C No:
Membership No : <i>(Trade / Associate Member)</i>	Education Provider : <i>(To be stamped by EP)</i>

Name of module to be examined	Date of sitting	First sitting (✓)	Resitting (✓)

Signature of Candidate: _____ Date: _____

IMPORTANT REMINDER

- i. Please ensure that your membership is valid at time of registration and upgrade your membership if necessary.
- ii. You must be an Associate Member to register for Modules 2 to 6. (Except for Challenge Status Candidates)
- iii. All candidates must be enrolled in a CFP Certification Program with any Approved Education Providers.

Exam fees payable : RM _____ *Tel No: _____ *Fax No.: _____

Cash / Cheque No. : _____ *H/P No.: _____

Credit Card No. : _____ Card type: Visa / Master / Amex / Diners Expiry date : _____

* The following fields must be completed.

Kindly make your cheque payable to **Financial Planning Association of Malaysia**.

Note: Examination Fees Payable

- ** Students working with Charter Members } (Excluding subsidiary RM 200.00
- ** Students working with Corporate Members } or associate companies) RM 250.00
- Individuals (Public) RM 300.00

Card holder's signature authorizing
credit card direct debit

This form must be completed in duplicate. The first copy goes to the FPAM and the second copy to the Education Providers.

FPAM will not entertain any request for cancellation or postponement of examination by the candidates after receipt of this Examination Registration Form. No refunds of the examination fees will be made under any circumstances.

TO BE COMPLETED BY CHARTER OR CORPORATE MEMBER		
<p>** (If no endorsement from employer is provided in the space below, candidates will be considered as individuals (Public) and payment is RM 300.00)</p> <p>We certify that the candidate named in this registration form is an employee or agent of our company.</p>		
<p>_____ <i>Signature</i></p> <p>_____ <i>Company Stamp</i></p> <p>_____ <i>Name and Designation</i> <i>General Manager or Branch Manager</i></p> <p>_____ <i>Date:</i></p>	<table border="1"> <tr> <td style="padding: 5px;">State agent or staff member</td> </tr> </table>	State agent or staff member
State agent or staff member		