FPAM
FINANCIAL PLANNING ASSOCIATION OF MALAYSIA

Unit 1109, Block A,
Pusat Dagangan Phileo Damansara II,
No.15, Jalan 16/11, Off Jalan Damansara,
46350 Petaling Jaya, Selangor.
Tel : 03-7954 9500
Fax : 03-7954 9400
Website : www.fpam.org.my

CERTIFIED MEMBERSHIP APPLICATION FORM

Please complete in "BLOCK LETTERS". (Please tick (✓) where applicable)

1. PARTICULARS OF APPLICANT

Membership Number

NRIC No. (New) – –

Name (Full name as in NRIC)

Mailing Address
(Must be completed with Post Code)

Post Code State

Telephone No.
Office – House –
H/P – Fax –
Email

Company Name

Company Address

Job Title ☐ Employed ☐ Self-Employed

Years of Experience	Industry (Eg. Insurance, Unit Trust)	Position Held	Company

Highest Education Qualification: (please circle which is applicable) **SPM / STPM / Diploma / Degree / Post Graduate / ChFc / CFA / MIA / Other accountancy qualification / MAICSA or MACS**

Others, please specify _____

Completed (MM / YEAR) ☐ Module 6 ☐ Challenge Status

2. OTHER INFORMATION

- Have you ever been charged or convicted in a court of law, or are there any pending charges? ☐ Yes ☐ No
- Have you had a business related licence, registration or membership revoked, denied or suspended? ☐ Yes ☐ No
- Are you an undischarged bankrupt or ever been declared bankrupt? ☐ Yes ☐ No
- Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? ☐ Yes ☐ No
- Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? ☐ Yes ☐ No
- Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds? ☐ Yes ☐ No
- Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice? ☐ Yes ☐ No

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

3. DECLARATION (BY APPLICANT)

I hereby declare that all information is true to the best of my knowledge, and

I understand FPAM reserves the right to verify information I have provided in this form.

I hereby agree to abide by FPAM's Professional Responsibility and Code of Ethics, Disciplinary Procedures and Rules for use of CFP marks.

Signature _____ Date _____

4. PAYMENT

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

Application submitted in:

☐ January - June = RM400* ☐ July - December = RM250*

☐ By Cash ☐ By Cheque - _____

☐ By Credit card (direct debit) ☐ Visa ☐ Master ☐ Amex

Card No. – – –

Card expiry : _____

*** Fees include USD 37.50 for license fees to Financial Planning Standards Board Ltd. (FPSB)**

5. FOR OFFICE USE ONLY

Checked By : _____ Date : _____ Approved By : _____ Date : _____

CFP ID : _____