

Date:

The Principal Officer
Financial Planning Association of Malaysia
Lot 16-02, 16th Floor, HP Towers, Block B
No. 12, Jalan Gelenggang
Bukit Damansara
50490 Kuala Lumpur

Dear Sir,

RE: NAME OF APPLICANT _____
APPLICATION FOR CERTIFIED MEMBERSHIP

This is to confirm that _____
(I/C No. _____) has been employed in good standing as follows:

Company Name	
Position Held	
Duration	
Job responsibilities:	

If the above work experience is less than 3 years, please complete the table below on previous work experience:

Duration	Industry (eg. Insurance, UT)	Position Held	Company

I/We hereby support his/her application to be a Certified member of the Financial Planning Association of Malaysia.

Yours sincerely,

Name :
Designation:

Company's stamp with address
& contact number