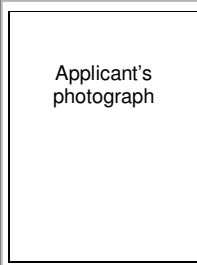




Application for Admission Certified Financial Planner Programme



When completed, this form should be returned with all enclosures to **KDU Management Development Centre Sdn Bhd.**



KDU Management Development Centre
Level 19 & 20, Block 3A,
Plaza Sentral, KL Sentral,
50470 Kuala Lumpur,
Malaysia.

Tel: 603-22738286
Fax: 603-22735933

KMDC Penang Centre
11th floor, Wisma TNB,
30 Jalan Anson,
10400 Penang

Tel: 604-2287098
Fax: 604-2287096

<http://www.kmdc.com.my>
Email: start@kmdc.com.my

| Module(s) | | Class Schedule | KMDC Centre | For office use only | | | |
|-------------------------------------|-------------------------------|-----------------------------------|---------------------------------|---------------------|-------------------|----------------|--------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Weekday | <input type="checkbox"/> KL | Intake | Membership number | Programme code | Date of entry (day/month/year) |
| <input type="checkbox"/> Three | <input type="checkbox"/> Four | <input type="checkbox"/> Saturday | <input type="checkbox"/> Penang | | | | |
| <input type="checkbox"/> Five | <input type="checkbox"/> Six | <input type="checkbox"/> Sunday | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> Islamic FP | | | | | | | |

1 Personal Details

| | | | |
|---|--|---|-------------------|
| Name (Exactly as in identity card(I.C.) or passport) | | Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> En. <input type="checkbox"/> Cik. <input type="checkbox"/> Dr. <input type="checkbox"/> Others:..... | |
| I.C.(new)/Passport Number | Date of birth (day/month/year) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Occupation |
| Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify)..... | | Race <input type="checkbox"/> Bumiputra <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others | |
| Correspondence address | | | |
| Postal code | Country | | |
| Contacts (mandatory) | | | |
| Telephone numbers | <i>Mobile:</i> <input type="text"/> | <i>E-mail address:</i> <input type="text"/> | |
| <i>Residence:</i> | <i>Office:</i> | <i>Fax number:</i> | |
| Name of next of kin (Exactly as in I.C. or passport) | Relationship <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others: | | |
| Address of next of kin (Exactly as in I.C. or passport) | | | |
| Postal code | Country | | |
| Telephone numbers | <i>Mobile:</i> | <i>E-mail address:</i> | |
| <i>Residence:</i> | <i>Office:</i> | <i>Fax number:</i> | |

2 Academic / Professional Background

List all colleges or universities attended, or are now attending:

| Name & address of university/college | From (year) | To (year) | Major subject | Degree/Award |
|--------------------------------------|-------------|-----------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |

3 Employment Background

Employment / work experience, list the latest first.

| Name of Company | From (year) | To (year) | Position | Nature of work |
|-----------------|-------------|-----------|----------|----------------|
| | | | | |
| | | | | |
| | | | | |

4 Affiliation with Charter or Corporate FPAM member

| Name of Company | From (year) | To (year) | Position |
|-----------------|-------------|-----------|----------|
| | | | |
| | | | |

5 Sponsorship (Please attach approval letter)

Fill in this section if you have been awarded a sponsorship or scholarship for this programme.

| | | |
|---|---|-----------------------------------|
| Name of sponsor / scholarship provider | | Type of sponsorship / scholarship |
| Address of sponsor / scholarship provider | Contact numbers Office: Fax: | Contact Person Position |
| Postal Code: _____ Country: _____ | E-mail: _____ | |

6 Declaration

I certify that the information given in this application and in the supporting documents is true and complete.

I agree to abide by the rules and regulations of KMDC and/or the partner Institution.

| | |
|-----------|-----------------------|
| Signature | Date (day/month/year) |
|-----------|-----------------------|

| For office use only | | | |
|---|---------|---|---------------------|
| Fees | RM | Items received | Check (please tick) |
| Application Fee RM100 (non-refundable) | | Passport size photo | |
| Course Deposit RM200 (non-refundable) | | Copy of valid FMUTM card | |
| Mock Exam & Revision Seminar Fee (RM90 or RM190) | | Copy of Certificate | |
| Course Fee: | | Trade Membership Registration Form | |
| M1.....M2.....M3..... | | Exam Registration Form | |
| M4.....M5.....M6..... | | Challenge status/Exemption Form & enclosures | |
| IFP..... Total | | | |
| FPAM Trade Membership Fee (RM50) | | Sponsorship Letter | |
| FPAM Exam Fee (RM200 03 RM300) | | SBB AFP/CFP Course Reimbursement Form | |
| Admin Fee for resit/replacement session (RM30 per request) | | Items given | |
| Resource Fee (RM200 per intake) | | Study Guide | |
| Resource Centre Deposit (RM500, Refundable) | | Receipt | |
| Others (e.g. purchase additional course materials @RM50 per copy) | | Learning member Card | |
| Less (if any, please specify) | | Scheme: <input type="checkbox"/> Individual <input type="checkbox"/> Premium <input type="checkbox"/> PMB <input type="checkbox"/> SBB | |
| Total paid | | Payment Mode: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card | |
| Balance | | <input type="checkbox"/> Signing up for Resource Centre | |
| Remarks | | | |
| <input type="checkbox"/> Promotional Voucher No. | | | |
| Registrar | Finance | Counsellor | Programmes Staff |

Jan 04, 2006