



For office use only	
Discrepancy	
O/R #	

## PRIOR LEARNING RECOGNITION ASSESSMENT PROGRAM FOR CFP CERTIFICATION COURSE

Please complete in "BLOCK LETTERS". (Please circle where applicable)

### 1. PARTICULARS OF APPLICANT

<b>Name (Full name as in NRIC)</b>			
<b>New IC number / Passport No.</b>		<b>Date of Birth</b>	
<b>Correspondence Address:</b>			
			<b>Post Code</b>
<b>Mobile No.</b>		<b>Home Tel.</b>	
<b>Email address (Preferred)</b>			
<b>Email address (Alternate)</b>			
<b>Gender : Male / Female</b>	<b>Marital Status: Single / Married / Others</b>	<b>Race : Bumiputra / Chinese / Indian / Others</b>	

### 2. EDUCATION ATTAINED

School / College	Qualification	Year awarded

Note : Please include certified true copy of certificate(s)

### 3. EMPLOYMENT

<b>Name of Organisation</b>		<b>Job Title</b>	
<b>Company's address</b>			
<b>Post Code</b>		<b>Office No.</b>	<b>Fax No.</b>
<b>Industry Profile</b>	INSURANCE	UNIT TRUST	BANK
			ACCOUNTANT
			ASSET MANAGEMENT
			FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
			ACADEMIA
			STUDENT

### 4. WORKING EXPERIENCE

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

Note: Please attach letter on employer(s) letter head as proof of minimum 5 years of full time relevant experience in the financial services industry.

### 5. PAYMENT

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

Application fee (included 6% GST) :  **RM300**

By Cash  By Cheque : \_\_\_\_\_

By Credit Card (Direct Debit)  VISA  MASTER  AMEX (for AMEX card holder: 4 digit bank code on front of card \_\_\_\_\_)

Card number : \_\_\_\_\_ Card Expiry date: \_\_\_\_\_

### 6. IMPORTANT NOTE

**Successful candidate must register for the certification program within (1) one year of passing the assessment. Results will be void after the (1) one year period.**

### 7. DECLARATION (BY APPLICANT)

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

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Approved by (FPAM) : \_\_\_\_\_

Date : \_\_\_\_\_