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**Membership Change Request form –**

Type:	From (Obsolete)	Change to (New)
<b>Address</b>		
	<b>Handphone:</b>	<b>Handphone:</b>
	<b>Res No:</b>	<b>Res No:</b>
	<b>Email Address:</b>	<b>Email Address:</b>
<b>Occupation</b>		
<b>Education Provider</b>		
<b>Others (please specify)</b>	1.	
	2.	

This is to request FPAS to made the above-mentioned changes to my membership profile.

Thank you.

\_\_\_\_\_  
 Member's Name/ Signature/Date  
 FPAS Membership No:

For Official use only:	
Approved by CM:	   Signature / date
MMS updated by CE:	   Signature / date