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 Website: www.fpas.org.sg

Student / AFP^{CM}/ AWP^{CM}/ CFP[®] Reinstatement Application

Important note:

1. Applicant applying for Certification reinstatement must also complete the relevant Certification Renewal forms.
2. Please note that the Certification reinstatement and renewal are subjected to FPAS approval.

Certification Type:	<input type="checkbox"/> Student	<input type="checkbox"/> AFP ^{CM}	<input type="checkbox"/> AWP ^{CM}	<input type="checkbox"/> CFP [®]
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Sections 1 and 2 are compulsory fields (*Please circle where applicable)

Section (1): Personal Details:				
Full Name: (as per *NRIC / FIN / Passport)	Salutation *Mr / Mrs / Ms / Mdm/ Dr / Prof	Surname:	Given Name:	English Name:
FPAS Membership No:				

Reinstatement Reason(s)

Section (2) Declaration Agreement:	
1. Have you ever been charged or convicted in a court of law, or are there any pending charges?	*Yes/No
2. Have you had a business related licence, registration or membership revoked, denied or suspended?	*Yes/No
3. Are you an undischarged bankrupt or ever been declared bankrupt?	*Yes/No
4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity?	*Yes/No
5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity?	*Yes/No
6. Have you ever been dismissed or had a proper authority or life insurance agency withdrawn on ethical or legal grounds?	*Yes/No
7. Have you ever had 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.	
I hereby give my consent in allowing my personal data to be collected and used by Financial Planning Association of Singapore ("FPAS") for certification application evaluation, membership renewal, all FPAS related talks, events and member benefits purposes.	
FPAS will be disclosing your personal data to cross-border parties such as FPSB and other affiliates for membership purposes.	
FPAS has adopted an automatic opt-in policy for all communication modes.	
You may at any time withdraw your consent to the collection, use or disclosure of your personal data by informing FPAS via email: certification@fpas.org.sg	
Please visit our website (www.fpas.org.sg) for more information on our Privacy Policy.	
Alternatively, you may either contact FPAS at 6372-1030 or email admin@fpas.org.sg should you require further clarification.	
Applicant's signature	Date

I hereby declare that all information is true to my best knowledge, and I understand FPAS reserves the right to verify information I have provided in this form. I hereby agree to abide by FPAS' Professional Standards and Code of Ethics. In consideration of the membership granted hereby, I further agree that neither FPAS nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release FPAS and the other persons identified above from any liability for such actions or omissions.

1. I hereby agree to pay the membership fee promptly.
2. I further understand and agree that FPAS has the absolute and unrestricted right to revoke the rights of my membership.
3. I agree to compensate FPAS in full on demand for all claims made by third parties alleging losses or injury as a result of any wrong doing or unauthorized use by me of the Certification Marks unless and except to the extent that any loss, injury or expense arises solely as a result of any act or default on FPAS' part.

I affirm that I have read and voluntarily agreed to the terms of the Declaration Agreement.

Applicant's signature

Date

Student /AFP^{CM} /AWP^{CM} Payment Details (Membership Fees for Preceding Year(s), if applicable) – Lapsed Year:

		Cheque Payment:	
Cash/Credit Card:	Bank:	Cheque Number:	
Transaction Date:	Date of Cheque:		
(Year 1) Fee Payable: S\$120.00 [] (Year 2) Fee Payable: S\$120.00 [] (Current Year) Fee Payable S\$120.00 [] Penalty Fee S\$100.00 []			

CFP[®] Payment Details (Membership Fees for Preceding Year(s), if applicable) – Lapsed Year:

		Cheque Payment:	
Cash/Credit Card:	Bank:	Cheque Number:	
Transaction Date:	Date of Cheque:		
(Year 1) Fee Payable: S\$230.00 [] (Year 2) Fee Payable: S\$230.00 [] (Current Year) Fee Payable S\$230.00 [] Penalty Fee S\$100.00 []			

Important note:

If you are paying by Cheque, please send to FPAS at 112 Robinson Road, #07-02, Singapore 068902, this certification reinstatement form, and cheque payment (made payable to "FPAS") for processing

Applicable for Student, AFP^{CM}, AWP^{CM}, CFP[®] certificates

1. I understand that to reinstate the AFP^{CM}, AWP^{CM}, CFP[®] mark, I am required to attend the compulsory FPAS Code of Ethics Workshop on FPAS Professional Standards and Professional Standards. The Code of Ethics workshop date will be confirmed at a later date via email and workshop fee is payable on reinstatement application.
2. I understand that the use of the AFP^{CM}, AWP^{CM}, CFP[®] mark in any form, including my business card, letterhead, resume, telephone directory, brochure, flyer, advertisement, signage and any online and offline promotional materials is strictly prohibited until reinstatement is approved and I have attended the Code of Ethics Workshop. Additionally, my name will no longer be listed on FPAS' website until reinstatement is successful.
3. I affirm that I have read and voluntarily agreed to the terms of the Declaration Agreement. Furthermore, I declare that the representations contained in this Declaration Agreement are true and complete.
4. I undertake to provide a copy of my business name card to FPAS upon successful reinstatement of my certification.
5. I understand that the penalty fee of \$100.00 payable to FPAS is non-refundable.
6. My reinstatement application decision made by FPAS is final.

Applicant's Signature

Date

For Official Use only:	Certification Licence No:	Date issued:	Date of Approval:
	Payment Mode: CASH / CHEQUE / VISA / MASTERCARD	Payment Processed Date:	Payment Reference / Batch no: Amount Received: