


Application for Initial CFP® Certification

Applicant must complete this form and return it with the required certification fee so that they are received by FPAS. Incomplete application will not be processed. Application is subject to the certification process.

Use of the CFP®, CERTIFIED FINANCIAL PLANNER™ and  marks are strictly prohibited unless issued with valid certificate licence by FPAS.

For Official Use only:		Certification Licence No	Date issued	Date of Approval	Payment Processed Date:
Payment Mode: Cash / CHEQUE / VISA / MASTERCARD	Cheque no	Cheque Date:		Amount:	

For the purpose of evaluating your membership application, please provide the following information.

*Please circle where applicable

Please make any corrections necessary:

Applicant's Information:

FPAS Membership No		
Full Name: (as per *NRIC / FIN / Passport)		
Gender		
*NRIC / FIN / Passport No		
Residential Address		
Company Name		
Mailing Address	<input type="checkbox"/> Residential Add <input type="checkbox"/> Business Add <input type="checkbox"/> Others (Please specify):	<input type="checkbox"/> Residential Add <input type="checkbox"/> Business Add <input type="checkbox"/> Others (Please specify):
Business Address		
Job Title		
RNF No		
Business Email Address		
Business Contact No		

Our records indicate the following:

1. Your primary business activity* is:

Accounting & Taxation	Customer Services	General Management & Administration	Investment Advisory
Banking	Education	Healthcare	Legal & Compliance
Building/ Real Estate	Engineering	Human Resources	Non-Profit
Civil Services	Estate Planning	Information Technology	Sales & Marketing
Communications & Media	Financial Advisory	Insurance	Securities, Futures and Fund Management
Others, please specify: _____			

2. Highest Qualification* you hold:

O Level	A Level	Diploma	Bachelors	Masters	Doctorate
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3. Designations*:

CFA	CPA	ChFC	CLU
Other: _____			

4. Current Licence(s)*:

Attorney/Solicitors	CPA	Insurance	Real Estate
Dealer's Representatives	Investment Representatives		
Other: _____			

5. Current Memberships*:

Law Society of Singapore	CPA	ASCLU	ChFC	ICPAS
Other: _____				

PERSONAL FINANCIAL PLANNING PRACTITIONER'S STATUS

Practical experience requirements are an essential part of the CFP® qualification. They complement the education and examination(s) and enable FPAS to measure whether passed finalists have gained sufficient experience in applying the learnt knowledge, skills and techniques to become a CFP® Practitioner.

They also provide FPAS with a basis of assuring society at large that those admitted as a "CFP® Practitioner" are competent.

The practical experience requirements describe the range of practical work experience you need to gain in order to become a CFP® Practitioner.

Experience requirement is defined as the supervision¹, direct support², teaching³, or the personal delivery of all or part of the personal financial planning process to a client⁴. Qualifying experience must be able to be categorized into the six primary elements of the personal financial planning process summarised below:

- Establishing the client-planner relationship
- Gathering client data
- Determining the client's financial status
- Developing and presenting a client-specific financial plan tailored to meet the goals and objectives of the client
- Implementing the financial plan
- Monitoring the financial plan

This experience may be gained in the following areas:

- Accounting
- Banking/Trust
- Portfolio Management
- Estate Planning
- Financial Planning Taxation
- Insurance Planning
- Law
- Retirement/Pension Planning
- Securities/Managed Funds

If you perform some or all of the functions listed, you are considered to perform the primary element.

¹ All levels of supervision are acceptable if the chain of supervision eventually leads back to the planner.

² Must be directly responsible for information that is provided to the planner/client and have reasonable liability for the client.

³ Credit for teaching is limited to the instruction of the curriculum for CFP® certification in a FPAS Registered Programme.

³ Teaching finance-related classes (for college credit) full-time at any non-FPAS Registered Programme university is given two years' worth of experience credit, but the third year of experience must be personal-financial planning experience or teaching the curriculum for CFP® certification courses full-time at a FPAS Registered Programme.

⁴ "Client" denotes a person who engages a practitioner and for whom professional services are rendered. Pro-bono experience is accepted as long as:

- (1) There is a client; and
- (2) You are acting as a financial planning professional who is capable and qualified to offer objective, integrated, and comprehensive financial advice to or for the benefit of individuals to help them achieve their financial objectives using the financial planning process.

Timeliness of Experience

Qualifying work experience can be earned prior to, concurrent with, or subsequent to your education and examination requirements. Experience earned more than 5 years prior to the certification examination, however, will not be accepted. When the experience is earned subsequent to the examination, you must complete the requirement within five years of the date of the successful completion of the examination.




Applications for the designation of a CFP® Practitioner must include a Career Profile (a prescribed standard form) – please refer to 'FORM EXP A1' or a Curriculum Vitae.

FPAS reserve the right to conduct interview(s) to determine the suitability of experience disclosed. Decision made thereafter by FPAS is final.

Occasionally, professional organizations, employers and members of the media may request list of persons who meet certain criteria. Unless you advise FPAS in writing that you do not want your name provided in response to such requests, FPAS may, at its discretion, provide this information to these parties. You may request a form for this purpose from FPAS.

DECLARATION AND CERTIFICATION AGREEMENT

1. CERTIFICATION AGREEMENT

- a. I understand that FPAS issues to me a certification to use the marks CFP®, CERTIFIED FINANCIAL PLANNER™ and . I further understand that such certification is limited to the fixed period of time indicated on any certification issued to me. At the end of such period, if the certification is not renewed, the certification expires and any right to use the marks will terminate upon expiration of said certification. If I fail to comply with re-certification requirements, I agree to cease use of the marks immediately. I understand that FPAS may relinquish any rights I may have in the use of their marks if I fail to maintain current certification status.
- b. I have read and understand FPAS' Code of Ethics (refer to FPAS website) and I acknowledge that the Code of Ethics requires compliance with all rules and policies of FPAS. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.
- c. I further understand and agree that FPAS has the absolute and unrestricted right to revoke the rights I may have to use its marks CFP®, CERTIFIED FINANCIAL PLANNER™ and .
- d. I hereby agree to pay the annual certification fee and fulfill the minimum Continuing Professional Development (CPD) requirements as required by the Regulatory Bodies in order to renew the certification.
- e. In consideration of the certification to be granted to me, I further agree that neither FPAS nor its directors, officers, employees and other acting on its behalf shall be liable to me for actions taken or omitted to be taken, in an official capacity or in the scope of employment, except to the extent such actions or omissions constitute willful misconduct or gross negligence, and I hereby release FPAS and the other persons identified above from a liability for any such actions or omissions.
- f. I agree that I shall promptly report to FPAS the particulars of any use by any person of any certification name or certification mark or set up which might amount to infringement of the marks CFP®, CERTIFIED FINANCIAL PLANNER™ and  or to unfair competition or passing off or any claim by any third party that the CFP Marks are invalid or infringe the rights of any person or are open to any other form of attack and provide all necessary information and assistance if FPAS decides that proceedings should be commenced or defended.
- g. I agree to compensate FPAS in full on demand for:
- (i) all claims made by third parties alleging losses or injury as a result of any wrongly or unauthorized use by me of the Certification Marks; and
 - (ii) all other losses or expenses suffered by it as of that use 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.

2. DECLARATION

I, _____, represent and warrant that the following representations are both accurate and truthful.

- a. I am not now, nor have I ever been, a defendant or respondent in any criminal, governmental or self-regulatory agency proceeding. True ___ False ___
- b. I am not now, nor have I ever been, the subject of a governmental or self-regulatory inquiry or investigation. True ___ False ___
- c. I am not now, nor have I ever been, a defendant in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation, relating to my professional or business conduct. True ___ False ___

I agree that if any of the above representations and warranties are breached, I will indemnify FPAS for all claims, proceedings, liabilities, or damages arising there from, direct or indirect.

If any of the above statements were marked "False", I have set forth the principal facts relating to each incident on a separate attached sheet and included copies of appropriate documentation such as claims, complaints, answers, decisions, settlements, proof of fines, etc.

3. PERSONAL DATA PRIVACY ACTS

I consent to my personal data being collected and used by Financial Planning Association of Singapore ("FPAS") to evaluate my application for membership, to renew my membership and for informing me about courses or events that may be of interest to me as a FPAS member.

FPAS will be disclosing your personal data to cross-border parties such as FPSB and other affiliates for membership purposes.

You may at any time withdraw your consent to the collection, use or disclosure of your personal data by email: admin@fpas.org.sg giving reasonable notice to us. If you withdraw your consent, we will inform you of the expected consequences of your withdrawal.

Kindly indicate the preferred mode of communication for FPAS to contact you with#:

- Email SMS Phone

Certificant Web Register is a web listing found in FPAS website <Find Me a Planner> to allow the public to ascertain the status of the AFP^{CM}, AWP^{CM} and CFP® certificates in Singapore.


For more information, please visit our website to refer to our PDPA Privacy Policy.

4. RECOMMENDATION FOR CERTIFICATION

Please provide the name, address, telephone number, and signature of a CFP® practitioner, CPA, licensed attorney or employer, who, to the best of her/his knowledge, can attest to your willingness to abide by the policies and procedures of the Financial Planning Association of Singapore (FPAS).

Particulars of Attestor:

Name			
Address			
Business Contact Number:		Office Number:	
<input type="checkbox"/> CFP® (CFP® Certification No. _____) <small>Important note: CFP® Practitioner must have valid CFP® Licence</small>	<input type="checkbox"/> CPA	<input type="checkbox"/> Licensed Attorney	<input type="checkbox"/> Employer

I, _____ (Name of Attestor), know of no reason why this candidate should not be granted the right to use the CFP®, CERTIFIED FINANCIAL PLANNER™ and  marks.

Attestor's Signature

Date

I affirm that I have read carefully and voluntarily agree to the terms of the Declaration and Certification Agreement. Furthermore, I declare that the representations contained in this Declaration and Certification are true and complete.

Applicant Signature / Date

*NRIC / FIN / Passport number

Career Profile

FORM EXP A1

****application for the designation of a CFP® Practitioner must include a Career Profile (FORM EXP A1) or a Curriculum Vitae.**

Name of Applicant:	
FPAS Membership No:	

Date from	Date to	No. of Months	Company	Business Section (e.g. Banking, Insurance, etc.)	Your Position/Title	Title of person you report(ed) to	Job Description
	Total no. of months						

Important Note:

- 1. If any of your employment (e.g. Administrator) does not count as relevant experience, you need only complete the first three columns for that period of employment, i.e. dates (from and to) and the type of work you were doing. You can make copies of this form in situations where details exceed the space given.**
- 2. Please provide Curriculum Vitae.**