


Course applied with	<input type="checkbox"/> Financial Perspectives Pte Ltd	<input type="checkbox"/> Kapitalminds Pte Ltd	<input type="checkbox"/> TMC Academy Pte Ltd
Date of enrolment			
Course applied for	CFP® Certification Programme		

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

Sections 1 to 4 are compulsory fields, please ensure completion to avoid delay in processing.

*Please circle where applicable

Section (1) Applicant's Information:				
Full Name: (as per *NRIC / FIN / Passport)	Salute: *Mr/Mrs/Ms/Mdm/Dr/Prof	First Name:	Last Name	English Name:
Gender: *Male / Female	Nationality:	*NRIC/FIN/Passport No:	Date of Birth: (DDMMYYYY)	
Residential Address:				
Section (2) Business Information:				
Company Name:				
Business Address:				
Business E-mail:				
Business Contact no:		Office Contact no.		
Industry Type*:				
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 & Fund Management	
Others, please specify: _____				
Job Title:	*Employment Status: Employed / Self-Employed		MAS RNF no: (if applicable)	
Mailing Address:	<input type="checkbox"/> Residential Add <input type="checkbox"/> Business Add <input type="checkbox"/> Others (Please specify):			
Period (YYYY e.g. 1991) Please start with current job	Industry (e.g. Insurance, Banking)	Department (e.g. Sales)	Company	
Section (3) Educational Information:				
Highest qualification obtained:		Academic institution attended:		
Other Professional Memberships* (e.g. CFA, CPA)				

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Section (4) Applicant's 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 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.

Declaration agreement

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:
 - (i) All claims made by third parties alleging losses or injury as a result of any wrongly or unauthorized use by me of the Certifications 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.

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

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

Kindly contact FPAS at 6372-1030 or email to admin@fpas.org.sg for all enquires.

Applicant's signature

Date

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Address: 112 Robinson Road, #07-02 Singapore 068902
Tel: (65) 6372 1030 Fax: (65) 6372 0121 Email: admin@fpas.org.sg Website: www.fpas.org.sg

Payment Details

New Student Registration Fee is \$300*.

*Fee includes Initial Registration Fee/Administration Fee/Examination Fee for Module 1/E-Course Guide for Module 1.


Payment Options:

1. For **Cheque** payment, kindly issue cheque to "**FPAS**", and mail to FPAS at 112 Robinson Road #07-02 Singapore 068902, together with this application form for processing.
2. For **Internet Banking** transfer, kindly remit to:
 Bank: DBS Bank
 Bank Address: DBS Asia Central, MBFC Tower 3, 12 Marina Boulevard
 Bank Account Name: Financial Planning Association of Singapore
 Bank Account number: 003-911277-7
 Bank Code: 7171
 Branch Code: 003
 Swift Code: DBSSSGSG
3. For **Cash or Credit Card** payment, kindly make payment at FPAS office, 112 Robinson Road #07-02 Singapore 068902, during office hours from 9am to 5pm (Monday to Friday).

For Official Use only:

Payment Details:

Cash/Credit Card:		Cheque Payment:	
Transaction Date:		Bank:	Cheque Number:
		Date of cheque:	

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