



112 Robinson Road, #07-02  
 Singapore 068902  
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 Website: www.fpas.org.sg

## STUDENT, AFP<sup>CM</sup>, AWP<sup>CM</sup>, CFP<sup>®</sup> Certification Renewal

Each ASSOCIATE FINANCIAL PLANNER AFP<sup>CM</sup>, ASSOCIATE WEALTH PLANNER AWP<sup>CM</sup>, CERTIFIED FINANCIAL PLANNER CFP<sup>®</sup> Practitioner must complete this form and return it with the required certification fee so that they are received by the FPAS before the certification expiry date. Application is subject to the certification process. The use of the ASSOCIATE FINANCIAL PLANNER AFP<sup>CM</sup>, and ASSOCIATE WEALTH PLANNER AWP<sup>CM</sup>, CERTIFIED FINANCIAL PLANNER CFP<sup>®</sup> marks are strictly prohibited unless issued with a valid certificate licence from FPAS.

\*Please tick whichever is applicable

Certification Renewal  Student  AFP<sup>CM</sup>  AWP<sup>CM</sup>  CFP<sup>®</sup>

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		
Mailing Address		<input type="checkbox"/> Residential Add <input type="checkbox"/> Business Add <input type="checkbox"/> Others (Please specify):
Company Name		
Business Address		
Job Title		
RNF Number		
CFP Licence No (If applicable)		
Email Address		
Business Contact		

### 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: _____			

## Practitioner's Statement

Since signing FPAS' Declaration or the last Practitioner Statement, I have *(please tick Yes or No for each item):*

- A. A defendant in a criminal proceeding [ ] YES [ ] NO  
B. A defendant or respondent in a civil, self-regulatory organization or government agency inquiry, investigation or proceedings, as well as mediation or arbitration, relating to my professional or business conduct [ ] YES [ ] NO

If you answered 'YES' to questions A and/or B, set forth the principal facts and the outcome, if any, relating to each inquiry, investigation on proceeding on a separate attached sheet and include copies of the appropriate documentation such as claims, complaints, answers, decisions, settlement documents, proof of payment of fines, etc.

I understand and agree that a certification to use the marks CFP® and CERTIFIED FINANCIAL PLANNER™ is valid for a period of one year. At the end of such period, if the certification is not renewed, their certification expires and any right to use the marks terminates at that time. I further understand and agree to cease all use of the marks immediately upon the expiration of such certification.



I understand that continued compliance with FPAS' Professional Standards & Code of Ethics and with certification renewal requirements (including but not limited to payment of certification fee and adherence to continuing professional development requirement), as adopted and amended from time to time, are conditions of my certification to use marks CFP®, CERTIFIED FINANCIAL

PLANNER™ and . If I fail to comply with any of the foregoing conditions, I will cease immediately all use of the marks.

In consideration of the certification 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.

I affirm that I have read carefully and understand the items set forth in this Practitioner's Statement, including the release of liability, and the items in the preceding sections of this form. I further affirm that my statements are true and complete to the best of my knowledge and freely given.

## Declaration agreement

- I hereby agree to pay the annual fee and fulfill the minimum continuing professional development requirements as required by FPAS in order to renew the certification.
- 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 .
- 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 AFP<sup>CM</sup> and/or AWP<sup>CM</sup> and/or CFP® and ASSOCIATE FINANCIAL PLANNER and/or ASSOCIATE WEALTH PLANNER and/or CERTIFIED FINANCIAL PLANNER™ and  (the 'Certification Marks') or to unfair competition or passing off or any claim by any third party that the Certification Marks are invalid or infringe the rights of any person or are open to any form of attack and provide all necessary information and assistance if FPAS decides that proceedings should be commenced or defended.
- 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 wrongly or unauthorized use by me of the Certifications Marks; and
  - 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 Practitioner's Statement, Declaration and Certification Agreement. Furthermore, I declare that the representations contained in this Practitioner's Statement, Declaration and Certification Agreement are true and complete.

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.

- I hereby agree to pay the membership fee promptly.
- I further understand and agree that FPAS has the absolute and unrestricted right to revoke the rights of my membership.
- 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 wrongly or unauthorized use by me of the Certifications Marks; and
  - 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.



Kindly indicate the preferred mode of communication for FPAS to contact you with\*:  
 Email  SMS  Phone

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

Alternative, you may contact FPAS at 6372-1030 or email to admin@fpas.org.sg should you require further assistance or clarification.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

 CFP® CERTIFIED FINANCIAL PLANNER™ and  are certification marks owned outside the U.S. by Financial Planning Standards Board Ltd. Financial Planning Association of Singapore is the marks licensing authority for the CFP® marks in Singapore, through agreement with FPSB.

## Payment Details

### Student / AFP<sup>CM</sup> / AWP<sup>CM</sup> Certification Fee Renewal:

Descriptions	1 Year Renewal	3 Years Renewal – 10% discount	5 Years Renewal – 15% discount
<b>Fee Payable</b>	<b>SGD120.00</b>	<b>SGD324.00</b>	<b>SGD510.00</b>
Please tick whichever is applicable			

### CFP<sup>®</sup> Certification Fee Renewal:

Descriptions	1 Year Renewal	3 Years Renewal – 10% discount	5 Years Renewal – 15% discount
<b>Fee Payable</b>	<b>SGD230.00</b>	<b>SGD621.00</b>	<b>SGD977.50</b>
Please tick whichever is applicable			

### 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 certification renewal 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:

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

CFP <sup>®</sup> Certification Licence Number	Expiry Date (MM/DD/YYYY)	CPD required: <span style="color: red; font-size: small;">30 CPD hours are to be reported for every 2-year period</span>
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