



STUDENT MEMBERSHIP APPLICATION FORM

53 Tras Street #02-01 Singapore 078992
Tel: 6372 1030 Fax: 6372 0121

* Please circle/tick where appropriate

FOR OFFICIAL USE

Submission Via:

FP KF FPAS

Membership No.:

Date of Approval:

Course applied with : FINANCIAL PERSPECTIVES/College for Financial Planning
 Kaplan Financial (S) Pte Ltd
Course applied for : AFP^{CM} / AWP^{CM} / CFP^{CM}

PERSONAL PARTICULARS:

Surname (Mr/Mrs/Ms/Mdm/Dr/Prof) : _____ Other Name: _____
NRIC/Passport No.: _____ Date of Birth: _____ Sex : _____
Nationality : _____ E-mail: _____
Home Tel: _____ Office Tel: _____ Handphone: _____ Pager: _____
Residential Address : _____
_____ Singapore _____
Mailing Address: _____
_____ Singapore _____

OCCUPATIONAL PARTICULARS:

Company Name : _____
Company Address : _____
Job Title: _____ Employed / Self-Employed

Period (YYYY eg 1991) Please start with current job	Industry (eg. insurance, banking)	Department (eg. sales)	Company

Please circle the appropriate quarter based on your date of application and write cheque payable to "FPAS".

1 Jan – 31 March (1st Qtr)	1 Apr – 30 June (2nd Qtr)	1 Jul – 30 Sep (3rd Qtr)	1 Oct – 31 Dec (4 th Qtr)
\$80.00	\$60.00	\$40.00	\$20.00

EDUCATIONAL PARTICULARS:

Highest qualification obtained: _____
Academic institution attended: _____
Other Professional Memberships : _____

- ❖ Have you ever been charged or convicted in a court of law, or are there any pending charges? YES/NO
- ❖ Have you had a business related licence, registration or membership revoked, denied or suspended? YES/NO
- ❖ Are you an undischarged bankrupt or ever been declared bankrupt? YES/NO
- ❖ Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? YES/NO
- ❖ Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? YES/NO
- ❖ Have you ever been dismissed or had a proper authority or life insurance agency withdrawn on ethical or legal grounds? YES/NO
- ❖ 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 (BY APPLICANT):

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. I am also acknowledging awareness that the program fee payable to the education provider excludes the examination registration fee, which must be paid separately to FPAS subject to FPAS' terms and conditions.

Signature

Date