

Application for Initial AFP^{CM}/AWP^{CM} Certification

Each 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. Use of the ASSOCIATE FINANCIAL PLANNER, AFP^{CM}, ASSOCIATE WEALTH PLANNER, AWP^{CM} marks are strictly prohibited unless issued with valid certificate licence by FPAS. Application is subject to the certification process.

Official Use only: Payment Bank Cheque Details	Certification Licence No	Date issued	Date of Approval	Payment Processed Date:
	Bank	Cheque no	Cheque date	Amount

Please indicate which certification(s) you are applying for: AFP^{CM} AWP^{CM}

My details:-

Please make any corrections necessary:-

FPAS Membership No	
Name	
Gender	
NRIC / Passport No	
Home Address	
Mailing Address	
Business Address	
Company Name	
Email Address	
Tel: (H) Tel: (O) Tel: (HP)	

Our records indicate the following:-

In sections 1 and 2, if the following is incorrect, please circle one of the following as apply:

1. Your primary business activity is:

•

Personal Financial Planning	Accounting	Banking
Education	Government	Human Resource
Insurance	Law	Real Estate
Securities	Tax Preparation/Advice	
Other:		

2. Highest Qualification you hold:-

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O Level	A Level	Diploma	Bachelors	Masters	Doctorate
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In sections 3 to 7, please circle what is applicable to you:-

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:				

6. **Investment Advisor Status:**

Are you registered as an individual, and/or are you associated with a firm that is registered, as an investment advisor with the Monetary Authority of Singapore?

Yes NO

7. **Name of Securities Broker/Dealers, if any**

DECLARATION AND CERTIFICATION AGREEMENT

1. Personal Financial Planning Practitioner Status

Do you perform currently and routinely at least two activities listed in the bullet below employing the financial planning process (i.e. data gathering, goal setting, identification of financial issues, preparation of alternatives and recommendations, implementation of clients decisions from among the alternative and periodic review and revision of the financial plan (in working with the clients for compensations:-

- **Personal financial statement preparation and analysis** (including cash flow analysis, planning and management)
 - **Investment planning** (including, not limited to portfolio design, asset allocation, and portfolio management)
 - **Estate Planning**
- **Income tax planning**
 - **Education planning**
 - **Insurance planning and risk management**
 - **Retirement planning**

Please circle one: **YES** **NO**

If you answer "yes" to above question, you will be considered to be a personal financial planning practitioner as defined by FPAS' Professional Standards and Code of Ethics. Accordingly, you will be included in FPAS' Directory of AFP^{CM}/AWP^{CM} Practitioners and you may, therefore, identify yourself to the public as an "AFP^{CM}/AWP^{CM} Practitioner". Your practitioner status will be shared with members of the public who may be interested in such information.

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

2. CERTIFICATION AGREEMENT

- a. I understand that FPAS issues to me a certification to use the marks AFP^{CM}/AWP^{CM} and ASSOCIATE FINANCIAL PLANNER/ASSOCIATE WEALTH PLANNER. 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' *Professional Standards and Code of Ethics* as well as the *Disciplinary Regulations*. I acknowledge that the *Code of Ethics* requires compliance with all rules and policies of FPAS which includes, but is not limited to, Practice Standards and the *Marks Use Guide*. 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 AFP^{CM}/AWP^{CM} and ASSOCIATE FINANCIAL PLANNER/ASSOCIATE WEALTH PLANNER.
 - d. I hereby agree to pay the annual certification fee and fulfill the minimum Continuing Professional Development (CPD) requirements as required by FPAS 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 an 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 AFP^{CM}/AWP^{CM} and ASSOCIATE FINANCIAL PLANNER/ASSOCIATE WEALTH PLANNER 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.

3. 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 therefrom, 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.

4. RECOMMENDATION FOR CERTIFICATION

Please supply 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	
HP number :	Office Number :
Professional Designation – Please tick:	
<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, _____ (Attestor), know of no reason why this candidate should not be granted the right to use the *AFP^{CM}/AWP^{CM} certification marks and the marks *AFP^{CM} and AWP^{CM}. (*please indicate which certification mark(s))

Attestor's Signature _____

Date _____

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

Applicant's Signature/ Date _____

I/C or Passport number _____

Payment Details (please complete)							
EPayment				Cheque Payment:			
Please write the reference number				Bank :		Cheque Number:	
Reference No : EPaymentID_							
Transaction Date:				Date of Cheque:			
Fee Payable : please mark the appropriate fee:-				Fee Payable : please mark the appropriate fee:-			
1 Jan-31 Mar(1 st Qtr)	1 Apr-30 Jun (2 nd Qtr)	1 Jul-30 Sep (3 rd Qtr)	1 Oct-31 Dec (4 th Qtr)	1 Jan-31 Mar(1 st Qtr)	1 Apr-30 Jun (2 nd Qtr)	1 Jul-30 Sep (3 rd Qtr)	1 Oct-31 Dec (4 th Qtr)
SGD\$120	SGD\$90	SGD\$60	SGD\$30	SGD\$120	SGD\$90	SGD\$60	SGD\$30

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FINANCIAL PLANNING ASSOCIATION OF SINGAPORE
146 ROBINSON ROAD #04-02,
SINGAPORE 068909

STEPS FOR EPAYMENT

- Step 1: Log on to <http://www.fpas.org.sg>
- Step 2: Click on the E-Payment icon
- Step 3: Select the Payment Type ie Membership Registration
- Step 4: Enter your User ID and Password
- Step 5: Select the Membership type and confirm the Total Amount payable
- Step 6: Read the Declaration and Disclaimer before selecting the Submit button
- Step 7: Select payment via VISA or MASTERCARD
- Step 8: Enter your payment card details and select the Submit button
- Step 9: Print a reference copy of your transaction
- Step 10: Enclose the reference copy together with this Membership Form