

AFP^{CM}, AWP^{CM} Certification Renewal

Each ASSOCIATE FINANCIAL PLANNER, AFP^{CM}, ASSOCIATE WEALTH PLANNER AWP^{CM}, 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^{CM}, and ASSOCIATE WEALTH PLANNER AWP^{CM} marks are strictly prohibited unless issued with a valid certificate licence from FPAS.

Official Use only:	Certification Licence No «AWPLicenceNo»	CPD Fulfilled:	Date of Renewal	Payment Processed Date:
	Payment Bank Cheque Details	Bank	Cheque no	Cheque date
				Amount (S\$)

Certification Renewal AFP^{CM} AWP^{CM}
 Expiry Date

CPD submission required:

Please make any corrections necessary:-

My details:-

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:-

-

O Level	A Level	Diploma	Bachelors	Masters	Doctorate
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In sections 3, 4 and 5, 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 Membership(s):

Law Society of Singapore	CPA	ASCLU	ChFC	ICPAS
Other:				

Personal Financial Planning Practitioner Status

Are you a financial planning practitioner? (tick Yes or No):

YES NO

A practitioner is defined as a person who engages in financial planning using the financial planning process when working with clients. Typical engagements include, but are not limited to: comprehensive financial planning, educational expense planning, risk assessment and management, insurance counseling, investment planning, income tax planning, retirement planning, employee benefits planning, and estate planning.

If you answered 'yes' you will be included in FPAS' Registry of AFP^{CM} / AWP^{CM} Practitioners and, therefore, may identify yourself to the public as a AFP^{CM} / AWP^{CM} Practitioner.'

FPAS, consistent with its mission to benefit and protect the public, may share basic, professional information from its database concerning its practitioners with interested third parties, including but not limited to, the media, individuals, employers, allied professionals and other organizations, or representatives of government or self-regulatory bodies that contact FPAS seeking the status of AFP^{CM} / AWP^{CM} practitioners.

Practitioner's Statement

Since signing FPAS' Declaration or the last Practitioner Statement, I have been (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 or 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 certification marks AFP^{CM} / AWP^{CM} and ASSOCIATE FINANCIAL PLANNER / ASSOCIATE WEALTH 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 certification marks terminates at that time. I further understand and agree to cease all use of the certification 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 AFP^{CM} / AWP^{CM}, ASSOCIATE FINANCIAL PLANNER / ASSOCIATE WEALTH PLANNER. 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 and Certification Agreement

1. 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.
2. 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}, ASSOCIATE FINANCIAL PLANNER &/OR ASSOCIATE WEALTH PLANNER..
3. 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} and/or AWP^{CM} 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.

4. 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 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.

Signature _____	Date _____						
Payment Details (please complete)							
EPayment	Please write the reference number						
Reference No : EPaymentID_	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Transaction Date:	Date of Cheque:						
Fee Payable SGD\$ 120.00	Fee Payable SGD\$ 120-00						

Postage will be
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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