


**CFP® Certification Renewal**

Each CFP® practitioner must complete this form and return it with the required certification fee so that they are received by FPAS before the expiry date. Renewal application is subject to the Certification renewal process.

Use of the CFP®, CERTIFIED FINANCIAL PLANNER™ and  marks are strictly prohibited unless issued with a valid certificate licence by FPAS.

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

<b>CFP® Certification Licence Number</b>	<b>Expiry Date</b> MM/DD/YYYY	<b>CPD required:</b> 30 CPD hours are to be reported for every 2 year period
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**Please make any corrections necessary:-**

**My details:-**

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

**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 Memberships:

Law Society of Singapore	CPA	ASCLU	ChFC	ICPAS
Other:				

# Personal Financial Planning Practitioner's 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 CFP® Practitioners and, therefore, may identify yourself to the public as a 'CFP® 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 CFP® practitioners.

## 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 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 CFP®, CERTIFIED FINANCIAL PLANNER™ and .
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<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.
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)**

<b>EPayment</b>	<b>Please write the reference number</b>	<b>Cheque Payment:</b>						
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> </tr> </table>						Bank :	Cheque Number:
Transaction Date:		Date of Cheque:						
<b>Fee Payable SGD\$ 230-00</b>		<b>Fee Payable SGD\$ 230-00</b>						

Postage will be  
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PERMIT NO. 07375**



**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

## **FPAS Practitioner's CPD Record Form**

### **Introduction**

To help ensure all certified financial planning professionals remain competent and up to date, FPAS requires all CFP® practitioners to complete a minimum of 30 hours of approved continuing professional development (CPD) hours to maintain the use of their designation.

Responsibility of fulfilling this requirement within the guidelines rests with the certified practitioner. Failure to comply with the CPD requirements in the prescribed manner could result in the suspension of the practitioner's certification and loss of all privileges granted.

CPD Hours must be earned from programs that cover topics listed in Appendix A Subject Topics Accepted for CPD Credit available at the FPAS Website/Practitioner Manual.

### **Recordkeeping and Auditing**

CFP® practitioner shall maintain documentation of continuing professional development that may be periodically audited by FPAS. **Such documentation must be maintained for at least four years after reporting.**

Documentation may be a grade report or transcript for activities involving an examination. A written confirmation of attendance (i.e. Certificate of Attendance, Certificate of Completion) from practitioner name, name of program, name of sponsor/organiser, date of program, location, summary/synopsis of program, number of CPD hours, and signature of sponsor representative. As a general rule, numbers of CPD hours awarded commensurate with the delivery duration of the program, excluding break time, etc

FPAS may conduct random audits of submitted continuing professional development reporting forms for the most recent reporting period. When audited:

1. The practitioner is notified of the audit and may be asked to send documentation of hours (see Reporting and Recordkeeping Section) to FPAS.
2. The programs listed on the reporting form and the documentation are reviewed by FPAS and a determination is made as to whether the hours are accepted or denied.
3. The practitioner receives an audit report from FPAS detailing information regarding the audit and any further action needed.

### **Failure to comply**

CFP® Practitioner is responsible for demonstrating full compliance with the continuing professional development requirement.

Unsupported, misstated, or fraudulent reporting of continuing professional development hours is a violation of FPAS' Code of Ethics and is cause for action and may be grounds for revocation of the CFP® Certification.

Failure to comply with the continuing professional development requirement by the end of the CPD reporting period will result in delinquent status and non-renewal of the CFP® Certification.

