



FINANCIAL PLANNING

Association Of Singapore

Add: 146 Robinson Road, #04-02 Singapore 068909
 Tel: (65) 6372 1030
 Fax: (65) 6372 0121
 Email: membershipfeedback@fpas.org.sg
 Website: www.fpas.org.sg

Official Use	
*Submission Via: <input type="checkbox"/> FFP <input type="checkbox"/> KKP <input type="checkbox"/> FPAS	Membership No.:
	Date of Approval:

Course applied with	<input type="checkbox"/> Financial Perspectives Pte Ltd	<input type="checkbox"/> Kaplan Learning Institute Pte Ltd
Course applied for	CFP® Certification Programme	

Sections 1 to 4 are compulsory fields, please ensure completion to avoid delay in processing.

Section (1) : Personal Particulars:			
Name <small>(Mr/Mrs/Ms/Mdm/Dr/Prof)</small>	Surname	Given name	
NRIC/Passport No			
Date of Birth	Gender	Nationality	
Residential Address			
Mailing Address:			
Home Tel	Office Tel:	HP:	
E-mail:			

Section (2) 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

Section (3) Educational Particulars:	
Highest qualification obtained:	Academic institution attended:
Other Professional Memberships	

Section (4) Declaration Agreement (by applicant):	
1. Have you ever been charged or convicted in a court of law, or are there any pending charges?	* Yes/No
2. Have you had a business related licence, registration or membership revoked, denied or suspended?	*Yes/No
3. Are you an undischarged bankrupt or ever been declared bankrupt?	*Yes/No
4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity?	*Yes/No
5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity?	*Yes/No
6. Have you ever been dismissed or had a proper authority or life insurance agency withdrawn on ethical or legal grounds?	*Yes/No
7. 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.	
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. 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.	
1. I hereby agree to pay the membership fee promptly. 2. I further understand and agree that FPAS has the absolute and unrestricted right to revoke the rights of my membership. 3. 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 Declaration Agreement.	
Signature / Date	

Payment Details (please complete)			
EPayment	Please write the reference number	Cheque Payment:	
Reference No : EPaymentID_	<input type="text"/>	Bank :	Cheque Number:
Transaction Date:		Date of Cheque:	
Fee Payable : please mark the appropriate fee:-			
<input type="checkbox"/> 1 Jan-31 Mar (1 st Qtr)	<input type="checkbox"/> 1 Apr-30 Jun (2 nd Qtr)	<input type="checkbox"/> 1 Jul- 30 Sep (3 rd Qtr)	<input type="checkbox"/> 1 Oct-31 Dec (4 th Qtr)
SGD\$120.00	SGD\$90.00	SGD\$60.00	SGD\$30.00

Important note:-

- (1) If you are paying by EPayment, please fax to FPAS at Fax No: 6372 0121 this form a copy of the EPayment transaction reference receipt for processing.
- (2) If you are paying by Cheque, please send to FPAS at 146 Robinson Road, #04-02, Singapore 068909, this form, and cheque payment (made payable to "FPAS") for processing.

PROCEDURES FOR FPAS' MEMBERSHIP AND EXAMINATION REGISTRATION

Membership Registration

- Members enrolling in the certification program **must** apply for FPAS' Membership.
- The current year's annual membership fee is pro-rated, based on your date of 1st application as per below table:

Jan – March (1 st Qtr)	Apr – June (2 nd Qtr)	Jul – Sep (3 rd Qtr)	Oct – Dec (4 th Qtr)
\$120.00	\$90.00	\$60.00	\$30.00

Please note that subsequent renewal date will be on 31 December of each year and the full year annual membership fee applies.

- Members applying for the FPAS' membership must duly complete the FPAS' Membership Application Form includes payment. Incomplete form and /or nonpayment will not be processed.
- Members can make payment either by EPayment or Cheque.
 - If you are paying by EPayment, please fax to FPAS at Fax No: **6372 0121**, this form and a copy of the EPayment transaction reference receipt for processing.

Steps to making 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: | Complete all fields, select the Membership Type and confirm the Amount payable |
| Step 5: | Read the Declaration and Disclaimer before selecting the Submit button |
| Step 6: | Select payment via VISA or MASTERCARD |
| Step 7: | Enter your payment card details and select the Submit button |
| Step 8: | Print a reference copy of your transaction |

- If you are paying by Cheque, please send to FPAS at 146 Robinson Road, #04-02, Singapore 068909, this form, and cheque payment (made payable to "FPAS") for processing.

Examination Registration

- Members can register for examination(s) only if they have a valid FPAS membership and are currently enrolled in AFP^{CM}/AWP^{CM}/CFP[®] Education Program with a FPAS' approved Education Provider. Members will be notified by FPAS via email of the period for each examination registration.
- Members registering for the FPAS' examination must duly complete the prescribed examination registration form.
- The examination registration form and payment of examination fees must be made directly to FPAS and in compliance with all FPAS' terms and conditions.
- FPAS is solely responsible for all matters pertaining to applications for certification(s), exemption(s) and examination(s). Queries pertaining to exemptions, examinations and/or certifications should be directed to FPAS at Tel: 6372 1030 or via email to:

Feedback on Membership Services	membershipfeedback@fpas.org.sg
Examinations Issues	examination@fpas.org.sg
Other feedback	fpas@fpas.org.sg

Course fee paid to education providers does not include FPAS' Membership and Examination fees. All fees paid to FPAS are non-refundable.