

AFP^{CM} Certification No. _____

Please tick Certification renewal

Expiry Date: _____

AWP^{CM} Certification No. _____

Please make any corrections necessary in the following information:

Member No: _____

Name: _____

NRIC: _____

Sex: _____

Home Address: _____

Business Address: _____

Mailing Address: _____

Email: _____

Company Name: _____

Tel (H): _____

Tel (0): _____

Mobile: _____

Our records indicate the following:

In this section, if our information is incorrect, please circle **one** of the following as apply:

1. Your primary business activity is:

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

2. Highest qualification you hold:

0 Level A Level Diploma Bachelors Masters Doctorate

In this section, if our information is incorrect, please circle **as many** of the following as apply:

3. Designations:

ChFC CLU CFA CPA Other _____

4. Current Licence(s):

Attorney CPA Insurance Real Estate Securities

Other _____

5. Current Memberships:

Law Society of Singapore CFA Institute ASCLU/ChFC ICPAS

Other _____

PLEASE TURN TO THE REVERSE SIDE

Both sides of this certification application form must be completed and the form returned with your payment **before** your AFP^{CM} / AWP^{CM} certification can be renewed

Personal Financial Planning Practitioner Status

6. Are you a financial planning practitioner? 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 an "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 organisations, or representatives of government or self-regulatory bodies that contact FPAS seeking the status of AFP^{CM}/AWP^{CM} practitioners.

7. Practitioner's Statement

Since signing FPAS' Declaration or the last Practitioner's Statement, I have been (circle 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 organisation or government agency inquiry, investigation or proceeding, 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 trademarks AFP^{CM}/AWP^{CM} is valid for a period of one year. At the end of such period, if the certification is not renewed, the certification expires and any right to use the trademarks terminates at that time. I further understand and agree to cease all use of the trademarks 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} and 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 (including attachments) are true and complete to the best of my knowledge and freely given.

Signature

Date

Financial Planning Association of Singapore Authority

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