

Student Membership REINSTATEMENT APPLICATION FORM

Name:	
FPAS Membership No:	NRIC No.:
Membership / Certification Type: Student	
Email:	
Address:	

I wish to apply for a reinstatement of my above membership. Append my declaration and payment details:-

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 Have you ever been dismissed or had a proper authority or life insurance agency withdrawn on ethical or legal grounds?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.	
<ol style="list-style-type: none"> I hereby agree to pay the membership fee promptly. I further understand and agree that FPAS has the absolute and unrestricted right to revoke the rights of my membership. I agree to compensate FPAS in full on demand for: <ol style="list-style-type: none"> 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 All other losses or expenses suffered by it as of that use <p>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.</p>	
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
Reference No : EPaymentID_	<input type="text"/>
Transaction Date:	Date of Cheque:
Fee Payable : SGD \$ 52.50	Fee Payable : SGD \$ 52.50

Important note:-

Applicant must complete this form and return it with the required reinstatement and membership renewal fees so that they are received by FPAS. Incomplete form and/or nonpayment will not be processed.

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