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<i>For Office use only</i>	
Expiry date	
Discrepancy	
Approve for entry	
O/R #	

GST TAX FILE NO. :000173154304

REGISTRATION FOR THE CERTIFICATION PROGRAM EXAMINATIONS

Complete in full using BLOCK LETTERS

This form must be submitted within the following timeframe:

- a. To FPAM - 7 weeks before the examination date
- b. To Education Providers - 8 weeks before the examination date

FPAM has the sole discretion:

- To switch candidates to another examination venue if insufficient candidates are registered at the preferred examination venue and;
- To allocate the examination venue if the venue has not been chosen. FPAM's decision is final.

Name:			New I/C No.:	
Membership No: (Trade/Associate Member)		Education Provider: (To be stamped by EP)		
Module	Exam session	First Sitting	Re-sitting	Exam Venue (pls circle)
				KL - KUALA LUMPUR
				PG - PENANG
				KK - KOTA KINABALU
				KCH - KUCHING
				JB - JOHOR
M4 (Candidate is required to complete the work experience summary form, please request form from EP or FPAM)				

IMPORTANT REMINDER

- a. Please ensure that your membership is valid at time of registration and upgrade your membership if necessary.
- b. You must be an Associate Member to register for Modules 2 to 4. (Except for Challenge Status candidates).
- c. All candidates must be enrolled in a CFP certification Program with Approved Education Providers.

Exam fees payable : RM	Office Contact:	Fax No.:
Cash / Cheque No.	Mobile No.:	Email :
Credit Card No.:	Card type: VISA / MASTER / DINERS / AMEX	
Card Expiry date:	for AMEX card holder <i>(pls provide 4 digits bank code on front of card)</i>	

Kindly make your cheque payable to **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

Note: Examination Fees Payable (included 6% GST)

		Exam fee
** Members working with Charter Members	}	RM212
** Members working with Corporate Members		RM265
Individuals (Public)		RM318

*Candidate/Card holder's signature
authorizing credit card direct debit*

FPAM will not entertain any request for cancellation or postponement of examination by candidates after receipt of this Examination Registration form. No refund of the examination fees will be made under any circumstances.

TO BE COMPLETED BY CHARTER OR CORPORATE MEMBER

**(If no endorsement from employer is provided in the space below, candidates will be considered as individuals (Public))

We certify that the candidate named in this registration form is an employee or agent of our company.

Signature _____

Company Stamp _____

Name & Designation
General Manager or Branch Manager
Date: _____