Enrolment Form
Certified Financial Planner Programme

Section A: Personal Particulars

Name : _____

NRIC : _____ **Gender :** ☐ Male ☐ Female

Mailing Address : _____

_____ **Postcode :** _____

Tel (O) : | | | | · | | | | | | | | | **H/P :** | | | | · | | | | | | | | |

Tel (H) : | | | | · | | | | | | | | | **Fax :** | | | | · | | | | | | | | |

Email : _____

Section B: Academic Background

Name of University/College/School	From (Year)	To (Year)	Level	Degree/Award

Section C: Employment Background

Name of Company	From (Year)	To (Year)	Position	Nature of Work

Section D: Course Details

Please enroll me in :

Intake : _____ **Centre :** _____ ☐ First Sitting ☐ Re-sitting

☐ **Certified Financial Planner (CFP)**

- ○ Module 1 : Foundation in Financial Planning
- ○ Module 2 : Risk Management & Insurance Planning
- ○ Module 3 : Taxation Planning
- ○ Module 4 : Investment Planning
- ○ Module 5 : Retirement Planning & Estate Planning
- ○ Module 6 : Financial Planning Construction

☐ **Islamic Financial Planning (IFP)**

- ○ Module 1 : Foundation of Islamic Financial Planning
- ○ Module 2 : Risk Management & Takaful Planning
- ○ Module 3 : Zakat and Taxation Planning
- ○ Module 4 : Islamic Investment Planning
- ○ Module 5 : Islamic Estate and Waqf Planning
- ○ Module 6 : Financial Planning Construction

Section E: Payment Detail & List

Payment To IFPA

Course Fee		Other Fees	
Registration		Calculator	
Module 1		Personal Finance Book	
Module 2			
Module 3		CFP Material	
Module 4			
Module 5			
Module 6			
Total(A)		**Total(B)**	
Grand Total(A+B)			

Payment To FPAM via IFPA (Cash Only)

Trade Member Fee	
Associate Member Fee	
Exam Fee:	
i. Charter Member	
ii. Corporate Member	
iii. Public	
Total	

Mode of Payment to IFPA:

☐ By Cash ☐ By Cheque: No._____ ☐ By Credit Card
(Payable to **"IFPA Resources Sdn Bhd")**

Card No. | | | | | | | | | | | | | | | | **Security No.** | | | **Expiry Date** | | | | |

Cardholder's name :_____ **Cardholder's Signature :**_____

Total Amount :_____ **Applicant's Signature :**_____

Section F: Sponsorship / Scholarship (Attach Approval Letter)

Name of sponsorship / scholarship provider :_____

Type of sponsor / scholarship:_____ **Contact Person:**_____

Address of sponsor / scholarship provider:_____

_____ **Postcode :**_____

Tel (O) : | | | | · | | | | | | | | | **Fax :** | | | | · | | | | | | | | |

Email :_____

Declaration

I certify that the information given in this application and in the supporting documents is true and complete. I agree to abide by the rules and regulations of IFPA and / or the partner institution.

Applicant's Signature :_____ **Date :**_____

For Office Use Only

Form Received On :_____ ☐ By Hand ☐ By Post ☐ By Fax **Received By :**_____

Payment Received On :_____ ☐ By Hand ☐ By Post **Amount Received :**_____

Official Receipt No. :_____

Rules and Regulations

All registration MUST be accompanied with the full payment. Kindly return the completed form together with payment to reach IFPA, Subang Jaya not later than minimum five (5) working days prior to the date of the course to facilitate administrative arrangements in the case of registration outside the Klang Valley, please ensure the form/s and payment to reach IFPA, Subang Jaya at least 8 working days. There is no refund for not turning up for the course, unless a written notice is given to IFPA at least 3 working days before the start of the class. IFPA reserves the right to make amendments to the programme without prior notice and to cancel or postpone the session if the minimum number of participants is not met.