

## AFP CERTIFICATION FORM

### Registration Details

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

FPSB India No. \_\_\_\_\_ NCFM No. \_\_\_\_\_

Which of the following Associate Financial Planner (AFP) Certification you want to apply\* for (check any one):

- AFP (Risk Analysis & Insurance Planning)
  AFP (Retirement Planning & Employee Benefits)
- AFP (Investment Planning)
  AFP (Tax Planning & Estate Planning)

\*Kindly note applicant needs to have passed corresponding examination conducted by FPSB India.

### Update Contact Details

Kindly make sure you fill the contact details correctly. FPSB India will send all the important notifications relating to the AFP Certification to the details given below.

Email-id 1 \_\_\_\_\_ Email-id 2 \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Resident No. \_\_\_\_\_ Business No. \_\_\_\_\_

#### Correspondence Address

#### Permanent Address ( Same as Correspondence Address )

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Pin Code \_\_\_\_\_

Pin Code \_\_\_\_\_

### Update Education Details

Level of Education	Graduation/ PG Degree	Institute Name	Discipline/ Specialization	Year of Completion	Percentage%
Std X/SSC	_____	_____	_____	_____	_____
Std XII/HSC	_____	_____	_____	_____	_____
Graduation	_____	_____	_____	_____	_____
Post Graduation	_____	_____	_____	_____	_____

## Update Current Employment Details

I am a Corporate Employee

I am Self-employed

Name of the Organization \_\_\_\_\_

Name of the Organization \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Sector/Industry (Tick any one)

Product/Services Offered (Tick whichever applicable)

Insurance  Financial Advisory/Planning  AMC

Mutual Fund  Life Insurance  Stock Broking

Equity Broking  Distribution Houses  Banking

Tax Advisory  General Insurance  Banking Products

Others \_\_\_\_\_

Others \_\_\_\_\_

Total Number of Work Experience:  Y  Y  M  M

Total Number of Work Experience:  Y  Y  M  M

I am still a Student

## Payment Details

Kindly note payment once made is non-refundable and non-transferable. Candidates opting to pay using Demand Draft need to attach the demand draft while submitting the Form to FPSB India.

Credit Card

Demand Draft (DD)

Please charge my Credit Card    

Please find enclosed DD (payable at Mumbai) of Rs. 1000/-

for Rupees One Thousand only (Rs. 1000/-)

favouring "Financial Planning Standards Board India"

Card member's name \_\_\_\_\_

DD Number \_\_\_\_\_

Card No. \_\_\_\_\_

DD Date \_\_\_\_\_

Card Expiry Date  Y  Y  M  M \_\_\_\_\_

City/Branch Name \_\_\_\_\_

Signature

## Declaration

I shall submit the following documents to FPSB India within 15 days from today failing which I understand that my application for AFP Certification will not be considered by FPSB India.

- Duly filled AFP Certification Form
- Demand Draft (if opted for in the Payment Option above)

I certify that the above information provided by me is true and correct to the best of my knowledge, information and belief. I also agree to adhere to FPSB India guidelines and instructions. I accept that all decisions pertaining to the Education, Examination & Certification shall be final and binding on me.

Name \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_