

AFP CERTIFICATION RENEWAL FORM

Registration Details

First Name _____ Middle Name _____ Last Name _____

FPSB India No. _____ NCFM No. _____

Which of the following 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 applied for the checked Certification previously.

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 Program to the details given below.

Email-id 1 _____ Email-id 2 _____

Mobile Phone _____ Resident No. _____ Business No. _____

Update Current Employment Details

Enter your current employment details the first row and previous employment details in the following rows chronologically.

Nature of Employment (Corporate or Self-employed)	Name of the Organization	Designation	Working Since (Month & Year)
_____	_____	_____	_____

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

Please charge my Credit Card  

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

Card member's name _____

Card No. _____

Card Expiry Date _____

Signature _____

Demand Draft (DD)

Please find enclosed DD (payable at Mumbai) of Rs. 1000/-
favouring "Financial Planning Standards Board India"

DD Number _____

DD Date _____

City/Branch Name _____

Declaration

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

- Duly filled AFP Certification Renewal 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 _____