

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:

Total Number of Work Experience:

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 _____

City/Branch Name _____

*(Processing Fee of 2.5% will be added for credit card payments) 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