

SPECIAL DECLARATION FORM

The Special Declaration must be signed by recommending authority/organization of the applicant's employer represented by Head of HRD or by a Gazetted Officer if the applicant is self employed.

Name _____

Position _____

Organisation _____

Email ID _____

Telephone _____

(Please attach your Business Card)

I confirm that (Name of the CFP Applicant) _____ is

- Engaged in an executive position leading the organization/team rendering Financial Planning advise/education to clients in accordance with the FPSB India's six step Financial Planning process.
- Full time engaged in a position where he/ she actively uses Knowledge, skill and ability to provide, or directly supervise the provision of comprehensive financial planning advice to clients in accordance with FPSB India's six step Financial Planning process, and has performed the above service for two or more years, including six months in the last twelve months.
- Engaged in an associated field or work (eg. accounting, banking) and provides a comprehensive financial planning service to clients, representing at least 20% of the working week (i.e. part time), in accordance with FPSB India six step Financial Planning process, and has performed the above functions for two or more years, including six months in the last twelve months.

Name _____

Place _____ Date _____

Signature