

## SPECIAL DECLARATION FORM

**To be filled by CFP<sup>CM</sup> Certification applicant**

Name \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

Organisation \_\_\_\_\_

\_\_\_\_\_

Email ID \_\_\_\_\_

Telephone \_\_\_\_\_

(Applicant's Business Card)

\_\_\_\_\_  
Applicant's Signature

**The Special Declaration to be filled by authority/organization. Head of HRD in case of employed or by a Gazetted Officer in case of self employed.**

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

In case of Head of HRD kindly attached  
Head HRD's Business Card

Gazetted Officer Seal