

## STUDENT REGISTRATION FORM

Before filling Student Registration Form kindly make sure:

- You have taken NCFM Number from the NSE Website
- You have finalized the Authorized Education Provider you would like to enroll for the CFP Certification Education Program

### Registration Details

Kindly note you will not be able change to your NCFM Number or Education Provider (EP) after submission of the Form. A student must submit the print out of this Form to the Education Provider selected below.

NCFM Number NCFM -

Name of the Education Provider \_\_\_\_\_

### Login Details

Students can login through the FPSB India Website and avail Login facilities. Kindly provide us with three preferences for user name. If none of the below user names are available, the EP or FPSB India will choose one for you and communicate the same.

Preferred 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### Personal Details

Salutation \_\_\_\_\_ Gender:  Male  Female Date Of Birth

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

### Contact Details

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

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

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

#### Correspondence Address

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

City \_\_\_\_\_

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

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

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

City \_\_\_\_\_

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

### 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	_____	_____	_____	_____	_____

Kindly attach any one of the Education Passing Certificate while submitting the Form to EP

### Current Employment Details

<input type="checkbox"/> I am a Corporate Employee Name of the Organization _____ Designation _____ Sector/Industry (Tick any one) <input type="checkbox"/> Insurance <input type="checkbox"/> Financial Advisory/Planning <input type="checkbox"/> AMC <input type="checkbox"/> Equity Broking <input type="checkbox"/> Distribution Houses <input type="checkbox"/> Banking Others _____ Total Number of Work Experience: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> I am Self-employed Name of the Organization _____ Designation _____ Product/Services Offered (Tick whichever applicable) <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Life Insurance <input type="checkbox"/> Stock Broking <input type="checkbox"/> Tax Advisory <input type="checkbox"/> General Insurance <input type="checkbox"/> Banking Products Others _____ Total Number of Work Experience: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<input type="checkbox"/> 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 Education Provider.

<input type="checkbox"/> Credit Card Please charge my Credit Card <input type="checkbox"/> <input type="checkbox"/> for Rupees Seven Thousand Five Hundred Only (Rs. 7500/-)* Card member's name _____ Card No. _____ Card Expiry Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> _____ Signature _____	<input type="checkbox"/> Demand Draft (DD) Please find enclosed DD (payable at Mumbai) of Rs. 7500/- favouring "Financial Planning Standards Board India" DD Number _____ DD Date _____ City/Branch Name _____
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\*(Processing Fee of 2.5% will be added for credit card payments)

### Declaration

I shall submit the following documents to the Education Provider selected above within 15 days from today failing which I understand that my application for Student Registration will not be considered by FPSB India

- Duly filled Student Registration Form
- Passport size photo
- Education Passing Certificate (Attested)
- 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 \_\_\_\_\_