

**FELLOW CHARTERED FINANCIAL PRACTITIONER (FChFP) DESIGNATION RENEWAL FORM 2008**

**FChFP Designation Fee = \$101.65** (inclusive of 7% GST)

**FChFP Reinstatement Fee = \$107.00** (inclusive of 7% GST)

**Payment Method** (please tick in the appropriate boxes below)

by Cheque – crossed and payable to IFPAS

Cheque number:

by Credit Card – Amex / Diners / Mastercard / Visa (Please circle)

Cardholder name:

Expiry date:

Card number:

by Bank GIRO (completed GIRO form attached)

**Details of Continuing Professional Development (CPD) Hours Obtained in 2007**

Date	Course/Seminar	Institute	Duration	CPD Hours

**IMPORTANT**

- Under our existing policy, all designees must declare **15 CPD (Skills) hours** for attendance of courses or seminars. Regular in-house product updates and meetings are ineligible.
- Please attach copies of documentary proof of training records or attendance.

**Declaration**

I declare that all information given by me in this form is true and correct and I understand that any misrepresentation or omission of information is sufficient ground for rejecting my renewal. I also authorise an investigation of the above information for the purpose of verification, if required.

**Name of FChFP Designee:**

**NRIC no:**

**IFPAS membership no:**

**FChFP no:**

Signature of Designee

Date:

**SUBMIT NOW!**

**FOR IFPAS USE**

Record updated by:

Date:

Receipt No:

Remarks (if any):