Insurance and Financial Practitioners Association of Singapore
*Advancing professional excellence since 1978*

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# APPLICATION FORM
# ASSOCIATE FINANCIAL CONSULTANT (AFC) DESIGNATION

## PERSONAL PARTICULARS

| | | |
|---|---|---|
| Name (Mr/Ms/Dr) | NRIC No. | IFPAS Mem. No. |
| Mailing address | | Postal code |
| Email address | Mobile Tel. | Office Tel. |
| Company | | Date joined industry |

## COURSES COMPLETED

(please attach photocopies of certificates/result slips)

| | Year |
|---|---|
| ☐ FChFP Module 1 - Fundamentals of Investment and Financial Planning | |
| ☐ HS320 - Fundamentals of Financial Planning (TAC/SCI) **OR** Diploma in Life Insurance (TAC/SCI) and | |
| HS328 - Investments (TAC/SCI) | |
| ☐ ChFC01 - Fundamentals of Financial Planning and Investments | |
| ☐ Diploma in Financial Planning (SCI) | |
| ☐ Bachelor of Business (Financial Planning) (RMIT) | |
| - EF241 - Personal Financial Management | |
| - EF440 - Investment and Portfolio Management | |
| ☐ Associate Financial Planner Course | |
| ☐ Certificate in Financial Need Analysis and Plan Construction (SCI) (graduates after 10 Sep 2007) | |

## DECLARATION

1. To the best of my knowledge and belief, the statements made on this application are true and correct.
2. In consideration of the award of the AFC designation me, I agree that IFPAS shall have the authority to:
   a. establish and from time to time change the conditions under which the AFC designation is to be awarded and used, and
   b. suspend, revoke or modify in writing my priviledge to use the AFC designation.
3. I agree that in addition to the IFPAS membership requirement, a decisive factor in the determination of my eligibility of the designation shall be my ethical practice in my profession.
4. I undertake not to use the AFC designation except as authorised pursuant to this Agreement.

Signature _____ Date _____

## PAYMENT MODE

Amount of payment (please refer to rates below and indicate amount) $ _____ (fee inclusive of GST)

☐ By cheque - crossed and made payable to IFPAS
☐ By credit card - Amex / Diners Club/ Mastercard / VISA

Cardholder's name _____

Card No. _____ Expiry date _____

## NOTES TO APPLICANTS

1. Only IFPAS members are eligible to apply for the AFC designation.
2. Applicants must have at least 1 year experience in the life insurance or the financial services industry on the date of application.
3. The AFC designation fee is pro-rated to 31 December in the year of application, as follows:

| | Date of application | | | |
|---|---|---|---|---|
| | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec |
| AFC Designation fee | $40.00 | $30.00 | $20.00 | $10.00 |
| 7% GST | $2.80 | $2.10 | $1.40 | $0.70 |
| Total payable | $42.80 | $32.10 | $21.40 | $10.70 |

4. The renewal date of the AFC designation shall be on 1 January each year.
5. In order that the renewal of the AFC designation can be approved, the AFC designee must have a current IFPAS membership.

**For office use**
Reg. No: Receipt No: Acknowledged:

Form effective: 28 Nov 2008