



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

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ASSOCIATE FINANCIAL CONSULTANT (AFC) DESIGNATION RENEWAL FORM

Year Applied For: _____

PERSONAL PARTICULARS

Name (Mr/Ms/Dr)	NRIC No.	IFPAS Mem. No.
Mailing address		Postal code
Email address	Mobile Te	Office Tel.
Company		AFC Reg No.

I declare that I have clocked 10 CPD hours for previous year that had just passed.
(Regular in-house product updates and meetings are ineligible.)

AFC DESIGNATION FEE

AFC Designation Fee : **\$42.80** (inclusive of 7% GST)

PAYMENT MODE

- By Company check-off for sub. years (i.e., if renewal application is made in Year 2011, this option is available for payment for Year 2012 onwards)
- By cheque - crossed and made payable to IFPAS Cheque no : _____
- By credit card - Amex / Diners Club/ Mastercard / VISA

Cardholder's name

Card No.

Expiry date

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.

Signature

Date

For office use

Receipt No:

Date:

Records updated by:

Remarks:

Form effective: 20 April 2011