



TRUSTED FINANCIAL  
PRACTITIONER®AWARDS

CLIENT ENDORSEMENT FORM 2025

AWARDEE INFORMATION

Name of Awardee

Contact No.

CLIENT ENDORSEMENT

**This section is to be strictly filled in by the client.** Please rate your experience with the above-named practitioner. Your feedback helps us recognize outstanding professionals. You may evaluate aspects such as the quality of service received, effectiveness of recommendations, and overall satisfaction with the practitioner's assistance.

**1** On a scale of 1 to 5, how satisfied are you with the services provided by your financial practitioner?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied

1

2

3

4

5

**2** What services did your financial practitioner provide for you? (Check all that apply)



Financial Planning



Insurance Planning



Others: \_\_\_\_\_



Investment Management



Estate Planning



Retirement Planning

**3** Did your financial practitioner meet your expectations?



Yes



No

**4** Would you recommend your financial practitioner to others?



Yes



No

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By submitting this form, I acknowledge that IFPAS may contact me for further verification, and I consent to my response and personal information being used solely for the Trusted Financial Practitioner Award process. I understand that my personal information will be treated confidentially and will not be disclosed to third parties without my explicit consent.

Name of Client

Signature of Client

Contact Number

Date