

## CFP CERTIFICATION RENEWAL FORM

### Registration Details

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

FPSB India No. \_\_\_\_\_ NCFM No. \_\_\_\_\_

### Update Contact Details

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

### Update Current Employment Details

I am a Corporate Employee

Name of the Organization \_\_\_\_\_

Designation \_\_\_\_\_

Sector/Industry (Tick any one)

Insurance     Financial Advisory/Planning     AMC

Equity Broking     Distribution Houses     Banking

Others \_\_\_\_\_

Total Number of Work Experience:

I am Self-employed

Name of the Organization \_\_\_\_\_

Designation \_\_\_\_\_

Product/Services Offered (Tick whichever applicable)

Mutual Fund     Life Insurance     Stock Broking

Tax Advisory     General Insurance     Banking Products

Others \_\_\_\_\_

Total Number of Work Experience:

I am still a Student

### Continuous Education Details

CE Type

CE Name

CE Points

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Total CE Submit \_\_\_\_\_

Kindly ensure total CE point submitted is 15 point or more and attach corresponding supporting documents for each of the CE items submitted above.

## Update Public Profile

FPSB India publishes the profiles of CFP Certificants on its website's CFP Directory Section to order assist Financial Consumers to approach and select a Certified Financial Planner to avail Financial Planning services. Kindly mention a brief profile of yours not exceeding more than 250 words. (only the first 250 words will be considered if the profile exceeds the word limitation). Profile may include professional background, experience, expertise, services provided and website details.

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- Yes, I want my profile to be made public on the FPSB India Website  
 I do not want the Mobile Number to be displayed in the public profile  
 I do not want the Email Id to be displayed in the public profile

## Personal Declaration

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.

Since signing FPSB India's Declaration and Agreement or the last Terms and Conditions of Certificate Statement, I have been (check Yes or No for each item):

- Yes  No : A. A defendant in a criminal proceeding  
 Yes  No : B. A defendant or respondent in a civil, self-regulatory organization or government agency inquiry, investigation or proceeding, as well as mediation or arbitration, relating to my professional or business conduct.

If you answered 'yes' to question A and/or B, describe the principal facts and the outcome, if any, relating to each inquiry, investigation or proceeding on a separate attached sheet and include copies of the appropriate documentation such as claims, complaints, answers, decisions, settlement documents, proof of payment of fines, etc.

## 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 FPSB India.

Credit Card

Please charge my Credit Card    

for Rupees Five Thousand only (Rs. 5000/-)\*

Card member's name \_\_\_\_\_

Card No. \_\_\_\_\_

Card Expiry Date     \_\_\_\_\_

\*(Processing Fee of 2.5% will be added for credit card payments)

Signature

Demand Draft (DD)

Please find enclosed DD (payable at Mumbai) of Rs. 5000/- favouring "Financial Planning Standards Board India"

DD Number \_\_\_\_\_

DD Date \_\_\_\_\_

City/Branch Name \_\_\_\_\_

## Self Declaration

A.I understand that permission to use the certification marks CFP<sup>CM</sup>, "CERTIFIED FINANCIAL PLANNER<sup>CM</sup>" and CFP Flame logo is valid for a period one year. At the end of such a period, if the certification is not renewed, the certification expires and any right to use the marks will terminate. If I fail to comply with the requirements to renew my certification, I agree to cease use of the marks immediately. I understand that FPSB & FPSB India may relinquish any rights I may have in the use of its marks if I fail to maintain current certification status.

B.I have read and understood FPSB India's Code of Ethics and Professional Responsibility as well as the Disciplinary Rules and Procedures. I acknowledge that the Code of Ethics requires compliance with all rules and policies of FPSB & FPSB India which includes, but is not limited to, Financial Planning Practice Standards and the Guide to Use of the CFP Marks. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.

C.I further understand and agree that FPSB or FPSB India has the absolute and unrestricted right to revoke any rights I may have to use its marks CFP<sup>CM</sup>, "CERTIFIED FINANCIAL PLANNER<sup>CM</sup>" and CFP Flame Logo if it finds that I have failed to comply with FPSB India's Code of Ethics and Professional Responsibility or Disciplinary Rules and Procedures or Financial Planning Practice Standards.

D.In consideration of the certification granted hereby, I further agree that none of FPSB, FPSB India or their directors, officers, employees and others acting on their behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release FPSB, FPSB India and the other persons identified above from any liability for such actions or omissions.

E.I affirm that I have read carefully and understand the items set forth in this statement, including the release of liability, and the items in the preceding sections of this form. I further affirm that my statements (including attachments) are true and complete to the best of my knowledge and freely given.

I shall submit the following documents to FPSB India within 15 days from today failing which I understand that my application for CFP Certification Renewal will not be considered by FPSB India.

- Duly filled CFP Certification Renewal Form
- Demand Draft (if opted for in the Payment Option above)
- CE Supporting Documents
- Business Card
- In case of Self Employed Business Stationery (Letterhead etc.)

Name \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature