

STUDENT RENEWAL FORM

Registration Details

First Name _____ Middle Name _____ Last Name _____

FPSB India No. _____ NCFM No. _____

Name of the Education Provider or SELF-STUDY _____

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 Program to the details given below.

Email-id 1 _____ Email-id 2 _____

Mobile Phone _____ Resident No. _____ Business No. _____

Update Current Employment Details

Enter your current employment details the first row and previous employment details in the following rows chronologically.

| Nature of Employment | Name of the Organization | Designation | No. of Years |
|----------------------|--------------------------|-------------|--------------|
| _____ | _____ | _____ | _____ |

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 Education Provider.

Credit Card

Please charge my Credit Card  

for Rupees Ten Thousand Only (Rs. 10,000/-)*

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. 10,000/- favouring "Financial Planning Standards Board India"

DD Number _____

DD Date _____

City/Branch Name _____

Declaration

I shall submit the following documents to the Education Provider selected above, or to FPSB India in case of Self Study mode within 14 days from today failing which I understand that my application for Student Renewal will not be considered by FPSB India

• Duly filled Student Registration Form • Demand Draft (if opted for in the Payment Option above)

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.

Name _____

Place _____ Date _____

Signature _____