

Assessment Application Form

Please use this form to submit your financial plan for assessment to
FPSB UK, One Redcliff Street, Bristol, BS1 6NP.

Your plan should be submitted as a hard copy in a type-written format **AND** an electronic copy must also be sent either via email to Qualification@financialplanning.org.uk or included with your plan on a disk/memory stick.

Please indicate as below.

You should not submit any product specific details, illustrations or other requirements of a purely compliance nature with your plan.

You **must not** include your name or the name of your company anywhere on the plan.
Plans will be returned unmarked if you do not comply with this instruction.

**Please note that if you are submitting your financial plan between 5 April and 31 July you can use either the preceding or current tax year basis for your calculations.
Please state which tax year you are using on the front of your plan.**

ENCLOSURE CHECKLIST

Submission

- ☐ A bound type-written hard copy of your Financial plan
- ☐ An electronic copy of your plan; () Emailed on / / or () Enclosed
- ☐ Fact find and file notes

Payment

- ☐ Cheque enclosed for £150.00 made payable to the FPSB (UK) Ltd*
- ☐ Details enclosed for the £150 assessment fee to be taken by card payment*

*Unless you have attended an Assessment session as the £150 first assessment fee is included in the price.

It should be noted that if your financial plan should fail the assessment process, there will be a further charge of £150.00 for the re-assessment of any failed sections of the plan or £150.00 for a Viva Voce Examination.

CANDIDATE DETAILS

Candidate Name:

Address for correspondence:

..... Post code:

Company: Contact Tel. No:

Email Address: Mobile No:

I confirm that I have three years relevant experience and give details of this below (please print clearly):

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.....

Details of training and / or mentoring undertaken before and during preparation of the financial plan:

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FPSB (UK) Ltd is a wholly owned subsidiary of the Institute of Financial Planning

☐ I confirm that my details may be shared with the Institute of Financial Planning in relation to completion of the CFP^{CM} assessment and membership.

☐ I confirm that I am the author of the attached financial plan and that the submitted entry is entirely my own work.

Signature Date

OFFICE USE ONLY

CANDIDATE ID NUMBER:

DATE RECEIVED:

Instruction to the FPSB UK to take payment by card

I authorise FPSB UK to charge my card the sum of £150 for my first submission CFP Certification.

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Card Number (cards accepted: Mastercard/Visa/VISA Debit/Maestro)

Card Start Date*

Issue No. *

*Maestro only

Name on card

Card expiry date

3-digit security code

Cardholder's Address

Cardholder's Signature

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