FPSB INDIA
FINANCIAL PLANNING STANDARDS BOARD INDIA

CFP
CERTIFIED FINANCIAL PLANNER™

STUDENT REGISTRATION FORM

Before filling Student Registration Form kindly make sure:

- You have taken NCFM Number from the NSE Website
- You have finalized the Authorized Education Provider you would like to enroll for the CFP Certification Education Program, in case you choose Education Provider mode.

Registration Details

Kindly note you will not be able to change either your NCFM Number or Education Provider (EP) after submission of the Form. A student must submit the print out of this Form to the Education Provider selected below.

NCFM Number NCFM - ☐☐☐☐☐☐☐☐☐☐☐☐

Name of the Education Provider or SELF-STUDY _____

Login Details

Students can login through the FPSB India Website and avail Login facilities. Kindly provide us with three preferences for user name. If none of the below user names are available, the EP or FPSB India will choose one for you and communicate the same.

Preferred 1) _____ 2) _____ 3) _____

Personal Details

Salutation _____ Gender: ☐ Male ☐ Female Date Of Birth D D M M Y Y

First Name _____

Middle Name _____

Last Name _____

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. _____

Correspondence Address

Address _____

_____

_____

State _____

City _____

Pin Code _____

Permanent Address (☐ Same as Correspondence Address)

Address _____

_____

_____

State _____

City _____

Pin Code _____

Education Details

Level of Education	Graduation/ PG Degree	Institute Name	Discipline/ Specialization	Year of Completion	Percentage%
Std X/SSC					
Std XII/HSC					
Graduation					
Post Graduation					

Kindly attach any one of the Education Passing Certificate while submitting the Form to EP

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 ☐ Disrtibution Houses ☐ Banking

Others _____

Total Number of Work Experience: M M Y Y

☐ 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: M M Y Y

☐ I am still a Student

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, or to FPSB India in case of Self Study mode.

☐ Credit Card

Please charge my Credit Card ☐ MasterCard ☐ VISA

for Rupees Seven Thousand Five Hundred Only (Rs. 10,000/-)*

Card member's name _____

Card No. _____

Card Expiry Date M M Y Y _____

(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 Registration will not be considered by FPSB India

- Duly filled Student Registration Form
- Passport size photo
- Education Passing Certificate (Attested)
- Demand Draft (if opted for in the Payment Option above)
- Marriage Certificate or Pan Card /Passport Copy in case of change of name after marriage

☐ 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