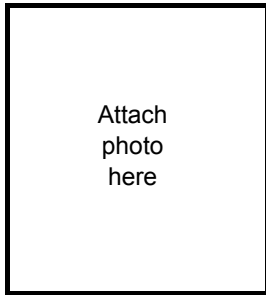




Insurance and Financial Practitioners
Association of Singapore

7 Hong Kong Street IFPAS Building
Singapore 059650
T (65) 6535 1221
F (65) 6534 2345
E admin@ifpas.org.sg
W www.ifpas.org.sg



Attach
photo
here

APPLICATION FOR MEMBERSHIP

Membership category	Full name	NRIC No	Sex	Date of birth
Home address			Fax No.	
Tel (H/P)	Email	Tel (H)	Tel (O)	
Life company / Employer		Agency name	Agency code	
Office address			All mails to my address Home / office	

Complete Section A, B or C (one Section only)

Section A - Application for Affiliate Membership

I am not a practitioner in the insurance and financial services business. My qualifications are as follows:

Qualifications	Date passed
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Section B - Application for Provisional Membership

I am now a practitioner in the insurance and financial services business and have passed the regulatory licensing examinations conducted by the relevant authorities.

Name of examination	Date passed
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Other qualifications	Date passed
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Date of appointment	Designation
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Section C - Application for Associate Membership

I have at least two years working experience in the insurance and financial services business and qualifications below (see list below for those approved under the Constitution)

Diploma	Date passed
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University degree	Date passed
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Entrance fee and Annual subscription (inclusive of 7% GST)

Note: Entrance fee is a one-time charge

Date of application	AFFILIATE			PROVISIONAL & ASSOCIATE		
	Entrance fee	Annual subs.	Total payable	Entrance fee	Annual subs.	Total payable
Jan-Mar	S\$53.50	S\$85.60	S\$139.10	S\$53.50	S\$107.00	S\$160.50
Apr-Jun	S\$53.50	S\$64.20	S\$117.70	S\$53.50	S\$80.25	S\$133.75
Jul-Sep	S\$53.50	S\$42.80	S\$96.30	S\$53.50	S\$53.50	S\$107.00
Oct-Dec	S\$53.50	S\$21.40	S\$74.90	S\$53.50	S\$26.75	S\$80.25

Payment method

by Company Check-Off Scheme (only for subsequent years)
I consent and authorise IFPAS to renew my annual subscription via deduction through commission statements for my membership

by cheque

Cheque No.	Bank	Amount
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by credit card

Card No.	Expiry date	Amount
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I further authorise IFPAS to charge to my abovementioned credit card future annual subscriptions at rates prevailing and due on 1 January each year. This arrangement shall remain in force unless cancelled by me in writing.

by GIRO (Completed Interbank GIRO form attached)

Declaration

I hereby agree that any certificate, card or badge issued to me shall remain the property of IFPAS and IFPAS and the Council may at any time call and compel their production and delivery. I also agree that upon ceasing to be a member of IFPAS, I shall return forthwith such materials to IFPAS.

I consent and authorise IFPAS to verify and call for any documentary evidence in support of my application.

I understand that the entrance fee and annual subscription paid are non-refundable.

Signature of applicant / Date

Note: Please enclose 1 recent passport-size photograph for the issue of the membership card
Digital photograph is also acceptable - please email to membership@ifpas.org.sg

FOR OFFICE USE ONLY

Membership category	IFPAS membership No.	Effective date	Approved by: (name/position)
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Affiliate

Provisional

Associate

Remarks	Signature
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Qualification accepted under Section 6B of the Constitution for admission as Associate Member + 2 years working experience

Australia Institute of Insurance (AII)
Bachelor in Business (Financial Planning)
Certified Financial Planner
Chartered Financial Consultant (ChFC)
Fellow Chartered Financial Practitioner (FChFP)
Chartered Financial Analyst (CFA)
Chartered Life Underwriter (CLU)
Life Underwriter Training Council Fellow, USA (LUTCF)
MBA (Financial Services)
Diploma in Financial Planning
Diploma in General Insurance
Diploma in Life Insurance