

**MALAYSIAN FINANCIAL PLANNING COUNCIL**

Reg. No. 0402-04-5

Unit 22.7, Level 22, 1, Jalan Kiara, Mont Kiara, 50480 Kuala Lumpur. Tel: 03-6203 5899 Fax: 03-6201 2669

**APPLICATION FOR RFP/ SHARIAH PROGRAMME EXEMPTION****USE BLOCK CAPITAL THROUGH OUT***Please ensure that certified copies of all supporting documents are submitted together with this form.*

NAME: (Dato' / Datin / Dr / Mr / Ms / Mrs)	EMAIL:
NRIC NO:	TELEPHONE NO: H/P : OFFICE :

CORRESPONDENCE ADDRESS:

POSTCODE:

STATE:

Modular exemption applied for (please tick):**RFP Programme**

- Module 1: Fundamentals of Financial Planning
- Module 2: Risk Management & Insurance Planning
- Module 3: Investment Planning
- Module 4: Zakat & Tax Planning
- Module 5: Estate Planning
- Module 6: Retirement Planning

Shariah RFP Programme

- Module 1: Fundamentals of Shariah Financial Planning
- Module 2: Risk & Takaful Planning
- Module 3: Shariah Investment Planning
- Module 4: Zakat & Tax Planning
- Module 5: Shariah Estate Planning
- Module 6: Retirement Planning

Certified true copy of documents required for exemption evaluation:

- Certificate of Degree/Diploma/Certificate
- Transcripts/results
- Programme outlines and syllabuses

Application Fees (Inclusive of GST)

- Kindly remit Modular Exemption **Application Fee RM159** per application (non - refundable) to MFPC Secretariat together with this application form.
- Should your applied modular exemption has been listed in the **MFPC Exemption Table**; please include **Modular Exemption Fee RM 106 per module** together with this application form. Should your applied modular exemption has **not** been listed in the MFPC Exemption Table; please be advised that upon CCB's approval, you are required to remit to the MFPC Modular Exemption Fee RM 106 per module approved.

Mode of payment

- I enclose Cheque/Bankdraft No. _____ made payable to **Malaysian Financial Planning Council** of RM _____

- Please charge to my credit card for RM _____ MasterCard VISA

Card No. : _____ - _____ - _____ - _____ Expiry date: _____

Name of Cardholder: _____ Signature : _____ Date : _____

FOR OFFICE USE ONLY (Rev: 2015/04/31)

Exemption recommended by CCB:	Approved by NC :
Officer In- charge:	Dated: