



Association of Financial Advisers (Singapore) AFA(S) Representative Membership

AFAS has opened its doors to accept Representative Membership with effect from 1 July 2011.

For the last 10 years, the AFA(S) membership was restricted Only to Licensed Financial Advisers or Exempt Financial Advisers (Firms). We have worked hard in the last couple of years to change our constitution to admit Representatives as members.

The main objectives of AFA(S) are:

1. To provide a forum for members to shape the development of the FA industry;
2. To advance the interests of its members; and
3. To raise the profile of its members

The benefits of joining the AFA(S) as Representative members are:

1. To attend educational sessions at discounted rates
2. To obtain Professional Indemnity Insurance as long as their firms are Ordinary Members of AFA(S);
3. To put the name “**Representative Member of the Association of Financial Advisers (Singapore) – AFA(S)**” on their name cards thereby informing the public that they do keep abreast of developments in the industry.

Association of Financial Advisers (Singapore)

Application for Representative Membership



MAS RNF No.		Full Name			Designation	
NRIC #		Date of Birth	Gender			
Home Address					Postal	
Mobile No		Office No		Email		
Company						
Office Address						
					Postal	
Mailing Address		Home	Office	Please Indicate with (X)		
CLASSES OF BUSINESS (Please indicate with X)						
Life Insurance	Investment	General Insurance / Employee Benefit		Fee Based Financial Planning	Others	
NO OF YEARS IN FINANCIAL INDUSTRY (Please indicate with X)						
1 to 5	6 to 10	11 to 15	16 to 20	More Than 20		
Entrance Fee: \$50.00 (One Time Payment). This fee will be waived, if QBE Professional Indemnity Insurance is taken together.						
Annual Subscription: February - \$50.00 () May - \$37.50 () August - \$25.00 () November - \$12.50 ()						
Payment: Bank _____ Cheque Number _____ (please submit a GIRO form for renewal)						
Concentration of Business		Local	Expatriate			
HIGHEST ACADEMIC QUALIFICATION (Please indicate with X)						
GCE "O"		GCE "A"		Degree		
HIGHEST PROFESSIONAL QUALIFICATION (Please indicate with X)						
CLU		ChFC	CFP			
ChFP		Dip in Fin Plan	Others			
DECLARATION						
<p><i>AFA(S) is committed to protecting our members and subscribers personal data in accordance with the Singapore Personal Data Protection Act (PDPA).</i></p> <p><i>In line with the PDPA, by submitting this form, I hereby give my consent to AFA(S) to collect, use and disclose my personal data for the purposes of administering and processing of payments for membership and events and/or to receive further information from AFA(S) and/or for communication pertaining to my membership, event and course information.</i></p> <p><i>I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting secretariat@afas.org.sg or to unsubscribe via AFA(S) emails.</i></p> <p>I hereby declare that the above declaration is true.</p> <p>I consent and authorize AFA(S) to verify and call for any documentary evidence in support of my application.</p> <p>I understand that the entrance fee and annual subscription paid are non-refundable.</p>						
Signature of Applicant					Date	