

Association of Financial Advisers (Singapore)

Representative Membership Renewal Form 2016



MAS Registration # (RNF #)		Full Name			Designation	
NRIC #		Date of Birth		Gender		
Mobile No		Office No		Email		
Company						
Office Address					Postal	
Mailing Address					Postal	
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		
Concentration of Business		Local		Expatriate		
HIGHEST ACADEMIC QUALIFICATION (Please indicate with X)						
GCE "O"		GCE "A"		Diploma		Degree
HIGHEST PROFESSIONAL QUALIFICATION (Please indicate with X)						
CLU		ChFC		CFP		
Other						
ANNUAL RENEWAL FEE - \$50.00						
Payment: Amount () Bank _____ Cheque Number _____						
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. I consent and authorize AFA(S) to verify and call for any documentary evidence in support of my renewal. I understand that the Renewal Fee paid are non-refundable.</p>						
_____ Signature of Applicant						_____ Date