



REGISTERED FINANCIAL PLANNERS INSTITUTE PHILIPPINES
 505 East Tower, Philippine Stock Exchange Center, Ortigas, Pasig City
 Tel. No. (632) 6879856 • Fax No. (632) 7062212
 Website: www.rfp.ph • info@rfp.ph

Attach passport
size picture

ASSOCIATE FINANCIAL PLANNER MEMBERSHIP APPLICATION

PERSONAL DATA

- Student
 Professional

Mr./Ms./Mrs./Miss/Dr. _____ Last/Family Name/Surname: _____
 First/Given Name: _____ Middle Name: _____ Suffix: _____
 Date of Birth (mm/dd/yyyy): _____

EDUCATION & PROFESSIONAL INFORMATION

- BACHELOR'S DEGREE** Year: _____
 Course: _____
 University: _____
 MASTERAL **DOCTORAL** Year: _____
 Course: _____
 University: _____
 OTHER Year: _____
 Course: _____
 University: _____
 Licence No.: _____ Year: _____

AFP TRAINING PROVIDER:

MEMBERSHIP APPLIED

- AFP Membership and Examination Fee Php 2,500

PAYMENT OPTIONS

- Direct deposit at any BDO branches:
 Bank name: BDO
 Account name: Association of RFPs in the Philippines, Inc.
 Account No.: 343-017-7825
- Payment at RFP office.

CONTACT INFORMATION (Please indicate your contact preference)

- HOME MAILING ADDRESS**
 Home / Bldg. No., Street: _____
 City: _____
 Province: _____ Postal Code: _____
 Phone Number: _____
 Mobile Number: _____
 Personal E-mail Address: _____
- BUSINESS MAILING ADDRESS**
 Position: _____
 Company Name: _____
 Unit/Bldg. No., Street: _____
 City: _____
 Province: _____ Postal Code: _____
 Phone Number: _____
 Fax Number: (Country code/Area code/City code) _____
 E-mail Address: _____

DELIVERY OF CERTIFICATE

Via courier with additional fee of Php 300.
 Preferred mailing address: Home Business

ACCEPTANCE OF SUBSCRIPTION

I declare that all of the information contained in this application is true and correct and I agree to provide any supporting documentation requested by the Institute. If accepted, I agree to abide by the Registered Financial Planners Institute Philippines' Code of Professional Conduct and Continuing Professional Education requirements. I understand that I must renew my subscription annually to enjoy the services provided by the Institute including eligibility privileges and retention of professional designation.

Signature _____

Date: _____

OFFICIAL USE ONLY:

INVOICE NO. _____ INVOICE DATE: _____
 OR NO. _____ DATE PAID: _____
 DCR NO. _____ VERIFIED: _____

APPLICATION RECEIVED ON: _____
 COMPLETED REQUIRED DOCUMENTS
 APPROVED MEMBERSHIP NO. _____
 NOT APPROVED REASON: _____