



REGISTERED FINANCIAL PLANNERS INSTITUTE PHILIPPINES
 505 East Tower, Philippine Stock Exchange Center, Ortigas, Pasig City
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 Website: www.rfp.ph • info@rfp.ph



ASSOCIATE FINANCIAL PLANNER FORM

<input type="checkbox"/> Student <input type="checkbox"/> Professional	PERSONAL DATA
	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:

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: _____

PAYMENT INFORMATION

AFP Membership Fee	Php 2,500
Courier fee	Php 300
TOTAL	Php 2,800

Preferred mailing address: Home Business

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: _____

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.

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:	APPLICATION RECEIVED ON: _____
INVOICE NO. _____	[] COMPLETED REQUIRED DOCUMENTS
OR NO. _____	[] APPROVED MEMBERSHIP NO. _____
DCR NO. _____	[] NOT APPROVED REASON: _____
INVOICE DATE: _____	
DATE PAID: _____	
VERIFIED: _____	