



Benefits of Association of Financial Advisers (Singapore) (AFAS)

Representative Membership

AFAS will be opening its doors to accept Representative Membership with effect from 1 July 2011.

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

The main objectives of AFAS 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 AFAS as Representative members are:

1. To be able to attend educational sessions at discounted rates
2. To be able to obtain Professional Indemnity Insurance as long as their firms are members of AFAS;

To be able to put the logo of the Association on their name cards thereby informing the public that they do abreast of developments in the industry

Association of Financial Advisers (Singapore)



Application for Representative Membership

RNF No.	Full Name			NRIC No	Date of Birth	Gender
Home Address						
					Postal	
Mobile No	Home No	Office No	Fax 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)			Annual Subscription: \$50.00 (Annual Payment)			
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"		Diploma		Degree
HIGHEST PROFESSIONAL QUALIFICATION (Please indicate with X)						
CLU		ChFC		CFP		
ChFP		Dip in Fin Plan		Others		
DECLARATION						
<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 application. I understand that the entrance fee and annual subscription paid are non-refundable.</p>						
Signature of applicant _____					Date _____	