



CERTIFIED FINANCIAL PLANNER (CFP)

MODULE 1: FOUNDATION IN FINANCIAL PLANNING AND TAX PLANNING

OBJECTIVES

This course is designed to enable candidates to develop a clear appreciation of financial planning. Candidates are provided with an outline of each of the major concerns of a financial planner to prepare for the extensive study to be covered in the other modules of the CFP program. The entire program prepares candidates to be a competent financial planners capable of meeting the financial planning needs of the consumers.

COURSE DETAILS

Date: 10 October - 11 December 2021
(Saturday, Sunday)

Time: 10.00a.m. – 5.00p.m.

Venue: Online Classes

EXAMINATION DETAILS

Date: 18 December 2021 (Saturday)

Time: 9.00a.m. – 12.00noon

Venue: Online Examination

COURSE FEES

Candidate	Payment to TAR UC	Payment to FPAM
DBF/DFI/RBF/RFI TAR UC Students/ Alumni	RM600.00*	RM425.00*
Public	RM1,060.00*	RM525.00*

* Inclusive of 6% SST.

Payment to FPAM includes registration fee, textbook, examination and 1 year CFP membership.

Payment to TAR UC includes tuition fee and additional notes.

FOR ENQUIRIES & REGISTRATION

TUNKU ABDUL RAHMAN UNIVERSITY COLLEGE
Centre for Continuing and Professional
Education

Tel: 03-4145 0170 (Direct Line)

03-4145 0123 ext: 3516 (Ms Lee)

Email: cpe@tarc.edu.my

Website: www.tarc.edu.my



TARC
TUNKU ABDUL RAHMAN
UNIVERSITY COLLEGE
BEYOND EDUCATION



COURSE OUTLINES

Part 1: An Overview

- The financial Planning Industry in Malaysia
- Regulatory Controls and Practices Affecting Financial Planning
- The Nature and Scope of Financial Planning
- Analytical Tools for Financial Planning Professionals
- Effective Communication in Client Counseling
- Behavioural Finance

Part 2: The Economic Environment and Its Effects on Financial Planning

- The economic system
- The economic environment
- Government policy

Part 3: Risk Management and Insurance Planning

- The concept of risk
- The management of risk
- The insurance industry
- Types of insurance cover

Part 4: Investment Planning

- Concepts of investment
- Primary investment
- Managed investments

Part 5: Income Tax Planning

- Income tax concept
- Income tax planning

Part 6: Retirement Planning/ Estate Planning

- The retirement planning process
- The estate planning process

Part 7: The Basis of Financial Plan

Part 8: Code of Ethics

- The Code of Conduct and Professional Responsibility
- Ethical and Professional Considerations of CFP Professional

Registration Form

Module 1: Foundation in Financial Planning and Tax Planning

(TAR UC Student/ Alumni) Tuition Classes: 10 October – 28 November 2021

(Public) Tuition Classes: 10 October – 11 December 2021

To register, please submit completed registration form and payment as follows:

Director, Centre for Continuing and Professional Education
Kolej Universiti Tunku Abdul Rahman
P.O. Box 10979
50932 Kuala Lumpur
Tel: 03-4145 0170 (Direct Line)
Tel: 03-4145 0123 ext: 3516 (Ms Lee)

Closing date:
24 September 2021

Participant Details

Name : _____

New IC No : _____ Student ID/ Alumni No: _____

Course : _____

Company (if applicable): _____

Correspondence Address: _____

Tel No (H) : _____ Tel No (O) : _____

Fax No : _____ Handphone No : _____

Email : _____

Payment Details

1. Transfer / Cheque / Bank draft no: _____ for amount of RM600.00/ RM1060.00* made in favour of '**KOLEJ UNIVERSITI TUNKU ABDUL RAHMAN**'.
Payment via Public Bank Account 3181564113. Please email the bank-in slip to us for record.
2. Direct payment to Financial Planning Association of Malaysia as follows:
Transfer / Cheque / Bank draft no: _____ for amount of RM425.00/ RM525.00* made in favour of '**FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**'.
Payment via Alliance Bank Account 121090010005395. Please email the bank-in slip to us for record.

*(Inclusive of 6% SST)

Signature: _____

Date: _____

Terms & Conditions

- ☑ Registration is on a first-come-first-served basis.
- ☑ Participants are requested to submit one form per participant.
- ☑ All registrations **MUST** be accompanied with the full payment.
- ☑ There is no refund on cancellation after registration but a replacement is allowed prior to course commencement.
- ☑ Please note that the registration and examination fees are not refundable.
- ☑ Kolej Universiti Tunku Abdul Rahman reserves the right to amend or change the programme, venue or speaker, or cancel the programme if warranted by circumstances beyond its control. In the event of cancellation, all fees paid will be refunded.

Refund Policy

- A) Full Refund
Full refund will be made only if:
~ the student's application is rejected, or
- B) Partial Refund
~ 50% of the course fees is refundable if the student withdraws at least 14 days before the course commences.
~ the letter requesting withdrawal from the course together with the original receipt must reach Kolej Universiti TAR at least 7 days before the date of the first class.
- C) No Refund
~ a student is not entitled to any refund of the course fees if the student withdraws from the course after commencement of the first class.

TRADE MEMBER REGISTRATION FORM – CFP CERTIFICATION COURSE

Please complete in "BLOCK LETTERS". (Please circle where applicable)

1. PARTICULARS OF APPLICANT

Name (Full name as in NRIC):			
New IC number / Passport No.:		Date of Birth:	
Correspondence Address:			
			Post Code:
Mobile No.:		Home Tel:	
Email address (Preferred):			
Email address (Alternate):			
Gender : Male / Female	Marital Status: Single / Married / Others	Race : Bumiputra / Chinese / Indian / Others	

2. EDUCATION ATTAINED

University	Qualification	Year awarded

Note : Please include certified true copy of degree

3. EMPLOYMENT

Name of Organisation:		Job Title:	
Company's address:			
Post Code:		Office No.:	
		Fax No.:	
Industry Profile:	INSURANCE	UNIT TRUST	BANK
	ACCOUNTANT	ASSET MANAGEMENT	FINANCE COMPANY
TRUST & WILLS	STOCK BROKING	FINANCIAL ADVISORY	NON FINANCE CORPORATION
	ACADEMIA	STUDENT	

4. WORKING EXPERIENCE

Years of Experience	Industry (Eg. Insurance, Unit Trust)	Position Held	Company

5. PAYMENT

Payment to : **FINANCIAL PLANNING ASSOCIATION OF MALAYSIA**

Application fee : ☐ **RM50** - January to December

☐ **RM25** - July to December

☐ By Cash

☐ By Cheque : _____

☐ By Credit Card (Direct Debit) ☐ VISA ☐ MASTER ☐ AMEX (for AMEX card holder: 4 digit bank code on front of card _____)

Card number : _____ Card Expiry date: _____

6. IMPORTANT NOTE

You are required to upgrade to Associate status within 3 months of passing Module 1, failing which you will be required to resit the Module.

7. DECLARATION (BY APPLICANT)

I hereby declare that all information is true to the best of my knowledge, and I understand FPAM reserves the rights to verify information I have provided in this form. I agree to adhere by FPAM's Professional Code of Ethics & Professional Responsibilities.

Signature : _____ Date : _____

Trade Member ID : _____

Date : _____



UNIT 305, BLOCK A, PHILEO DAMANSARA I
JALAN 16/11, OFF JALAN DAMANSARA
46350 PETALING JAYA, SELANGOR
TEL : 03 - 7954 9500
FAX : 03 - 7954 9400
WEBSITE: www.fpam.org.my

GST TAX FILE NO. :000173154304

TARUC STUDENTS

For office use only	
Expiry date	
Discrepancy	
Approve for entry	
O/R #	

REGISTRATION FOR THE CERTIFICATION PROGRAM EXAMINATIONS

Complete in full using BLOCK LETTERS

This form must be submitted within the following timeframe:

- To FPAM - 7 weeks before the examination date
- To Education Providers - 8 weeks before the examination date

Late submission after the closing date would be subjected to a late registration of RM50.00

FPAM has the sole discretion:

- To switch candidates to another examination venue if insufficient candidates are registered at the preferred examination venue and;
- To allocate the examination venue if the venue has not been chosen. FPAM's decision is final.

Name:		New I/C No.:	
Membership No: (Trade/Associate Member)		Education Provider: (To be stamped by TARUC)	
Module	Exam session	First Sitting	Re-sitting
			KL - KUALA LUMPUR
			PG - PENANG
			KK - KOTA KINABALU (June/July session only)
			KCH - KUCHING (Dec session only)
M4 (Candidate is required to complete the work experience summary form, please request form from EP or FPAM)			JB - JOHOR BAHRU

IMPORTANT REMINDER

- Please ensure that your membership is valid at time of registration and upgrade your membership if necessary.
- You must be an Associate Member to register for Modules 2 to 4. (Except for Challenge Status candidates).
- All candidates must be enrolled in a CFP certification Program with Approved Education Providers.

*Exam Fees Payable	RM	Office Contact:	Fax No.:
By Cash		Mobile No.:	Email :
Online / ATM transfer to FPAM Alliance Bank account no: 1210 9001 0005 395 or Maybank account no: 5140 7512 8677 (Please provide copy of payment receipt for tracking)			
Credit Card No.:	Card type: VISA / MASTER / DINERS / AMEX		
*Card Expiry date:	*CCV number:	for AMEX card holder (pls provide 4 digits bank code on front of card)	

* Required fields

**Candidate/Card holder's signature
authorizing credit card direct debit**

	Module 1 / Module 2 / Module 3 (A)	Module 4 (B)	Admin & Resource Fee (C)	M1/M2/M3 Total = (A)+(C)	M4 Total = (B)+(C)
*Exam Fees Payable	RM250	RM500	RM150	RM400	RM650

FPAM will not entertain any request for cancellation or postponement of examination by candidates after receipt of this Examination Registration form. No refund of the examination fees will be made under any circumstances.



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46350 PETALING JAYA, SELANGOR
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FAX : 03 - 7954 9400
WEBSITE: www.fpam.org.my

NON TARUC STUDENTS

For office use only

Expiry date	
Discrepancy	
Approve for entry	
O/R #	

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* Required fields

*Exam Fees Payable	Module 1 / Module 2 / Module 3 (A)	Module 4 (B)	Admin & Resource Fee (C)	M1/M2/M3 Total = (A)+(C)	M4 Total = (B)+(C)
Charter Members rate	RM250	RM500	RM150	RM400	RM650
Corporate Members rate	RM300	RM600	RM150	RM450	RM750
Individuals (Public)	RM350	RM700	RM150	RM500	RM850

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TO BE COMPLETED BY CHARTER OR CORPORATE MEMBER

**** (If no endorsement from employer is provided in the space below, candidates will be considered as individuals (Public))**

We certify that the candidate named in this registration form is an employee or agent of our company.

Signature

Name & Designation
General Manager or Branch Manager
Date:

Company Stamp