

SPECIAL DECLARATION FORM

To be filled by CFP^{CM} Certification applicant

Name _____

Position _____

Organisation _____

Email ID _____

Telephone _____

(Applicant's Business Card)

Applicant's Signature

The Special Declaration to be filled by authority/organization. Head of HRD in case of employed or by a Gazetted Officer in case of self employed.

I confirm that (Name of the CFP Applicant) _____ is

- Engaged in an executive position leading the organization/team rendering Financial Planning advise/education to clients in accordance with the FPSB India's six step Financial Planning process.
- Full time engaged in a position where he/ she actively uses Knowledge, skill and ability to provide, or directly supervise the provision of comprehensive financial planning advice to clients in accordance with FPSB India's six step Financial Planning process, and has performed the above service for two or more years, including six months in the last twelve months.
- Engaged in an associated field or work (eg. accounting, banking) and provides a comprehensive financial planning service to clients, representing at least 20% of the working week (i.e. part time), in accordance with FPSB India six step Financial Planning process, and has performed the above functions for two or more years, including six months in the last twelve months.
- Engaged in Other Financial Services as notified on the website in downloads section under FPSB India's Standard Documents in FPSB India's Financial Planner Work Experience Standard

Name _____

Place _____ Date _____

(HRD/Gazetted Officer) _____

(HRD/Gazetted Officer)

Signature

In case of Head of HRD kindly attached
Head HRD's Business Card

Gazetted Officer Seal