

Please use BLOCK CAPITALS, complete ALL sections of the application form, and ensure you SIGN and DATE the declaration or we will be unable to process your application. All applications are subject to assessment by FPSB Ireland Ltd prior to acceptance.

## 1: PERSONAL DETAILS

Forename(s):	Surname:
Title / prefix:	Date of birth:     /     /
Job title:	Employer / Company:
Company Address:	
Home address:	
Company phone:[     ]	Mobile:
Home phone: [     ]	Fax: [     ]
Mother's Maiden Name:	Place of birth:
Email:	

## 2: EDUCATION (ATTACH COPIES OF CERTS / RESULT TRANSCRIPTS)

Qualification	Year completed
<input type="checkbox"/> QFA	
<input type="checkbox"/> Graduate Diploma in Financial Planning	

## 3: CFP® CERTIFICATION EXAMINATION

	Month	Year
When did you complete the CFP certification examination?		

## 4: RECORD OF EXPERIENCE (Please attach)

- I have obtained appropriate and acceptable experience which has been documented on the attached record of experience and certified by appropriate persons with personal knowledge.

## 5. FEES

I agree to be bound by the licensing terms and conditions of FPSB Ireland Ltd (copy attached). An initial application fee of €307.50 (€250.00 + VAT @ 23%) is applicable. Renewals will be sent annually on 1st March for the following 12 month period at a cost of €307.50. **Please attach Payment Form and fees to this form.**

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## CFP® CERTIFICATION RECORD OF EXPERIENCE

### Completing the Record of Experience

As part of the process of applying for CFP® professional status, applicants must provide evidence of qualifying work experience. For guidance on qualifying work experience, please refer to FPSB Ireland's policy and related guidelines on the web-site [www.fpsb.ie](http://www.fpsb.ie)

Experience should be certified by appropriate persons with personal knowledge of the matters being certified.

Candidate Name:

CFP Examination Number:

Preferred Phone Contact:

Email address:

Record of Experience Start Date:

Record of Experience End Date:

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*Please complete for each employment time period (if applicable)*

**CFP® CERTIFICATION RECORD OF EXPERIENCE**

Position held: \_\_\_\_\_ Organisation: \_\_\_\_\_

Commencement date: \_\_\_\_\_ Finish up date (if applicable) \_\_\_\_\_

What category of experience was satisfied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a detailed account of your experience whilst in this role: \_\_\_\_\_

APPLICATION FOR  
**CERTIFIED FINANCIAL PLANNER™ Certification**

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*Please complete for each employment time period (if applicable)*

**CFP® CERTIFICATION RECORD OF EXPERIENCE**

Please give a detailed account of your experience whilst in this role (cont'd):

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Certified by:

Job Title:

Organisation:

Phone No:

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**CFP® CERTIFICATION RECORD OF EXPERIENCE**

Position held: \_\_\_\_\_ Organisation: \_\_\_\_\_

Commencement date: \_\_\_\_\_ Finish up date (if applicable) \_\_\_\_\_

What category of experience was satisfied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a detailed account of your experience whilst in this role: \_\_\_\_\_

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**CFP® CERTIFICATION RECORD OF EXPERIENCE**

Please give a detailed account of your experience whilst in this role (cont'd):

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Certified by:

Job Title:

Organisation:

Phone No:

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## DATA PROTECTION

The information provided by you on this form and generated during the course of your CFP® Certification may be used and disclosed by the Financial Planning Standards Board Ireland Limited for all purposes, which are reasonably incidental to the administration of your CFP Certification. Those purposes may include disclosures to your employer for regulatory or compliance purposes. If applicable, your information may also be disclosed to the Financial Regulator. You are entitled to ask for a copy of the personal data, which the Financial Planning Standards Board Ireland Limited holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: Financial Planning Standards Board Ireland Limited, 185a Kimmage Road West, Dublin 12.

## DECLARATION

I have read the Articles of Association and Bye-Laws of Financial Planning Standards Board Ireland Limited (FPSB Ireland) and I understand the obligations arising under these. I agree to be bound by them and any amendment of them made from time to time.

I acknowledge and agree that permission to use the certification marks CFP®, Certified Financial Planner™ is granted by the Financial Planning Standards Board of Ireland Limited as the licensing authority for the CFP Marks in Ireland, through agreement with the Financial Planning Standards Board Ltd.

I accept that such certification is limited to a fixed period of time. At the end of the time period, if the certification is not renewed, the certification expires and any right to use the CFP Marks will terminate upon expiration of the certification but without prejudice to any rights FPSB Ireland Ltd may have against the applicant for any antecedent breaches of the Code of Ethics and Rules of Professional Conduct, and/or the misuse of the CFP Marks prior to the termination of the certification period. If the applicant fails to comply with certification renewal requirements, the applicant agrees to cease use of the CFP Marks immediately.

I declare that the information provided in this application is true and complete (in all material respects) and to the best of my knowledge and belief, having considered the Code of Ethics and Professional Responsibility as set out in Bye Law No. 2 and Article 44 of the FPSB Ireland Articles of Association (Liability to Disciplinary Action) there is no matter that, had I been a CFP Professional at that time would have given rise to a breach of this Bye-law and/or Article.

I understand that personal data relating to my CFP Certification will be used and disclosed by the Financial Planning Standards Board Ireland Limited for the purposes outlined in the Data Protection notice above. I confirm that I have read the contents of this notice and consent to the uses and disclosures of my personal data as set out therein.

Applicant's signature:

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Date:     /     /

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**Please attach Payment Form and fees to this form.**