







CMDF-MFPC CMSRL SCHOLARSHIP 2023-2025

APPLICATION FORM				Passport-Sized Photo	
PART A: PERSONAL D	ETAILS				
Name	:	:			
IC /Passport No -	:			_	
Correspondence Addre	ess:				
Mobile No.	:				
Email Address	:				
Gender	: □ Fer	: □ Female □ Male			
Hold CMSRL License	: □ Yes	s □ No			
PART B: WORKING EX	PERIENCE				
Year		Company		Designation	
PART C: EDUCATION E	BACKGROI	IND			
Name of		ield of Study/Programme			
Institution(s)	<u> </u>	Name		Qualification	

Please tick (/) the programme you are applying for: ☐ RFP Capstone Programme ☐ Shariah RFP Capstone Programme **PART E: SUPPORTING DOCUMENT CHECKLIST** Please submit the following to complete your application at 1st MFPC Portal: https://lst.mfpc.org.my/ □ Non-refundable commitment Fee of RM250.00 (Entrance Fee and 1st year Membership Fee are waived for newly registered members only) ☐ Proof of experience e.g.: Resume / CV, Appointment letter, etc. ☐ Copy of Degree/ Certificate ☐ Photocopy of IC (Front & Back) ☐ Completed MFPC - CMDF CMSRL Scholarship Application Form PART F: GUIDELINES FOR APPLICATION Please refer to CMDF-MFPC CMSRL Scholarship Guidelines 2023-2025 at MFPC Website; https://www.mfpc.org.my/education/cmsrl-programme/ ☐ I have read and agreed to abide by the CMDF-MFPC CMSRL Scholarship Guidelines 2023-2025 **PART G: APPLICANT DECLARATION** ☐ I declare that the information provided by me in connection with the application is true and correct; ☐ I have never been convicted of any criminal offence nor have ever been detained under preventive law: ☐ I undertake to inform Malaysian Financial Planning Council immediately of any changes in address, phone number and any other information provided by me in this application; ☐ I understand that MFPC reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. Name: Signature: IC No: **Date** PART H: PARTICIPATING COMPANY ☐ We have read the information above and consent to the collection and processing of the application in the aforesaid manner and I hereby declare that the applicant above is under my employment/supervision. ☐ We have read and agree to abide by the CMDF-MFPC CMSRL Scholarship Guidelines 2023-2025 by MFPC. **Company Name:** Signature of **Participating** Company & Official Stamp: Name of Person in Charge: **Designation: Date** :

PART D: PROGRAMME APPLICATION