



Malaysian Financial Planning Council

(Reg. No. : PPM-003-14-10032004)
(Incorporated under Societies Act 1966)



CMDF- MFPC Financial Planning Internship Programme (FPIP)

Dated : 12th January 2023

FPIP APPLICATION FORM

Passport-Sized
Photo



PART 1: PERSONAL DETAILS

Name	:	_____
IC /Passport No.	:	_____
Correspondence Address	:	_____

Mobile No.	:	_____
Email Address	:	_____
Gender	:	<input type="checkbox"/> Female <input type="checkbox"/> Male

PART 2: INTERNSHIP DETAILS

UNIVERSITY / ORGANISATION	INTERNSHIP COORDINATOR / LECTURER	IDENTIFIED INTERNSHIP PERIOD: FROM-TO-

PART 3: EDUCATION QUALIFICATION

NAME OF INSTITUTION(S)	COURSE TAKEN / MAJOR	YEAR OF PASSING	CURRENT CGPA/GPA

PART 4 : PLEASE ANSWER THE QUESTIONS BELOW:

(a) What are your strengths?

(b) Why have you chosen to do internship with an MFPC Corporate Member?

PART 5 : SUPPORTING DOCUMENTS CHECKLIST

Please submit the following to complete your application at 1st MFPC Portal: <https://1st.mfpc.org.my/>

- Non-refundable Commitment Fee of RM180.00 (Entrance Fee and 1st year Membership Fee are waived for newly registered members only)
- Copy of Degree/Transcript/ Certificate
- Photocopy of IC (Front & Back)
- Completed MFPC - FPIP Application Form

PART 6 : GUIDELINES FOR APPLICATION

Please refer to **CMDF-FPIP Guidelines 2023-2025** at MFPC Website; <https://www.mfpc.org.my/study-with-us/internship-industry-opportunities/>

- I have read and agreed to abide by the **CMDF-FPIP Guidelines 2023-2025**

PART 7 : APPLICANT DECLARATION

- I declare that all 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 8: PARTICIPATING COMPANY

- We have read the information above and consent to the collection and processing of the application in the aforesaid manner and hereby declare that the applicant above is under our employment/supervision.
- We have read and agree to abide by the **CMDF-FPIP Guidelines 2023-2025**.

Company Name:	Signature of Participating Company & Official Stamp
Name of Person in Charge:	
Designation:	Date :