

CFtP Exemption Application For Candidates of Accredited Programs

Name: _____

Candidate No: _____

(For items that are not applicable indicate "N/A")

Years of post-graduate work experience: _____

Industry: _____

Function: _____

Job Designation: _____

Module exemption requested (Tick applicable):

Level 1A Finance Modules

Level 1B Technology Modules

For graduates of accredited programs eligible for CFtP exemption, please indicate:

Name of University

Name of Program:

Year of Graduation:

Instructions:

1. **All applications for exemptions must be supported by University transcripts.**
2. **Please list all the matching courses you have passed during the course of study of the accredited program in Tables 1 and 2.**

Table 1: For Level 1A Finance Exemption

Matching Courses Passed <i>(Please indicate only course codes)</i>

Table 2: For Level 1B FinTech Exemption

Matching Courses Passed <i>(Please indicate only course codes)</i>

DECLARATION

1. I affirm that all the information provided by me on this form are correct.
2. I understand that any inaccurate or false information (or omission of material information) will render my application for exemption invalid and that, if granted exemption based on such information, my exemption may be withdrawn by the Institute.
3. I understand that should I be unable to submit the required supporting documents for exemption application, this application will be considered invalid and will not be processed.

Signature of Applicant	Date (DD-MM-YYYY)

CHECKLIST

Please ensure that the following has been provided:

- Completed signed application
- Official transcript that indicates the courses and grades as listed on this form

NOTE:

- i. Where any requested document is not supplied the exemption process will be delayed.
- ii. Any documentation that is not in English must be officially translated before submission.