

Form giving PARTICULARS OF
APPROVED CORPORATE PARTNER**Company Name** (Put the name as per the GST registration Certificate/PAN Card)**Date :****PERSON FOR CORRESPONDANCE**Address : Mr. Mrs. Miss.

First Name :

Last Name :

E-Mail :

Phone :

COMPANY'S DETAILS

Are you registered with GST? :

(If customer is registered under GST pls mention "business_gst" otherwise "unregistered")

GST Identification Number (GSTIN) :

If registered pls give GST number

State of GST Number :

If registered pls give GST number

State CODE of GST No. :

Refer Sheet 2 of this excel file for state code

Attach GST Certificate :

PAN Number :

Attach PAN Card :

Owner/Key Persons :

(Give name of owners/key management persons.).

Branches (if any) :

(Give name of cities/locations where you are operating from)

Number of CFP® professionals
currently working in your organization? :

Annual turnover of the organization :

What is total number of employees working in your organization?

:

Kindly respond to the following questions so that we may provide you with the precise status of approval for our Corporate Program.

Please list down the support that will be provided to the employees pursuing/completed CFP® Certification?

Please describe the policy for leaves to support candidates pursuing CFP® Certification?

How is the Learning and Development component integrated into the performance appraisal process for employees?

Is there any financial assistance or reimbursement available for employees who incur expenses related to CFP® Certification training or exams?

How will employees be encouraged or incentivized to pursue the CFP® Certification?

Can you provide details on any mentorship or coaching opportunities available to employees during their CFP® Certification journey?

Please describe how will you support ongoing professional development for employees to complete their CPD requirements?

What provisions are in place to assist employees in meeting the experience requirements necessary to attain CFP® Certification?

Who is the designated individual responsible for verifying and signing off on employees' experience requirements for CFP® Certification?

Add your company's website and social media handles.

Any other remarks or comments?

Name : _____

Date :

Signature :