

## Form giving particulars of Authorized Financial Planning Firms

**Firm's 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** :

### FIRM'S DETAILS

**Are you registered with GST? :**

(If firm is registered under GST pls mention "business\_gst" otherwise "unregistered ")

**GST Identification Number (GSTIN) :**

If registered pls give GST number

**State of GST Number :**  **State CODE of GST No. :**

If registered pls give GST number

**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** :

Total number of employees working in your organization? :

## YOUR FIRM'S FINANCIAL PLANNING PROCESS

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1.	Does your firm have a Financial Planning process in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Are all staff aware of the difference between Financial Planning and Financial Advice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Has your firm got in place policies and procedures compliant with the FPSB India Code of Conduct?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does your firm's management structure reflect a clear fiduciary responsibility to your clients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Do you have a consistent firm-wide fee structure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Is at least 25% of your firm's staff comprised of CFP® professionals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Kindly respond to the following questions describing the support being provided to your employees?

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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 :