

SUBJECT EXEMPTION FORM

FINANCIAL SERVICES FLEXI-STUDY

Upon payment please treat this form as a tax invoice – Kaplan Education Pty Ltd. ABN 54 089 002 371

Personal Details

Mr / Mrs / Ms / Miss (Please circle)		Kaplan Student Number: INT _____	
First Name _____		Last Name _____	
Job Title _____		Organisation _____	
Tel (w) _____	(h) _____	(m) _____	Fax _____
Email _____		Date of Birth _____	
Address _____			
Suburb _____		State _____	Postcode _____
Association Membership _____		Membership No. _____	
Are you an Authorised Representative/Employee of an AFS Licensee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Licensee _____		Name of Training Manager _____	

Cost

- Exemptions are priced at **\$55*** per exemption.
- You must provide certified photocopies (by person authorised to witness statutory declaration) of relevant academic transcripts or certificates upon which exemption is sought.
- Exemptions are granted on courses that were completed subsequent to January 1995, which are listed on the ASIC Register of Compliant Training (where applicable) and which are currently on the Financial Planning Association's DFP Exemption Unit Listing.

I wish to apply for exemption from the following Diploma subjects (Tick where appropriate):

- | | |
|---|-------------------|
| <input type="checkbox"/> Entry Level Competencies (ELC) | (DFP1 Equivalent) |
| <input type="checkbox"/> Risk Management (RM) | (DFP2 Equivalent) |
| <input type="checkbox"/> Investment Planning 1 (IP1) | (DFP3 Equivalent) |
| <input type="checkbox"/> Superannuation and Retirement Planning (SRP) | (DFP4 Equivalent) |
| <input type="checkbox"/> Taxation Planning (TP) | (DFP5 Equivalent) |
| <input type="checkbox"/> Estate Planning (EP) | (DFP6 Equivalent) |
| <input type="checkbox"/> Investment Planning 2 (IP2) | (DFP7 Equivalent) |
| <input type="checkbox"/> Financial Plan Construction and Review (FPC) | |

*Prices valid until 31 December 2009.

Payment Details

<input type="checkbox"/> Cheque (Please make cheque payable to Kaplan Education Pty Ltd)	Cheque No. _____	
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
Card Number _____	Expiry Date ____ / ____	Total \$ _____
Cardholder's Name _____	Cardholder's Signature _____	

Office Use Only

Date order received:	Invoice number:	
Invoice date:	R.O.C number:	Date entered into database:

mail to GPO Box 9995, Sydney NSW 2001

fax to 1300 137 802