Award Notification Required Form



1. CLEARLY PRINT YOU NAME:

AAFM MEMBER ID:		YOUR CERTIFICATION:		
SECTION A				
Please send a letter noting my designation to my employer/supervisor/manager noted below:				
2. SUPERVISOR NAME:	Mr. Ms. Mrs.			
3. TITLE:				
4. ORGANIZATION:				
5. ADDRESS:				
CITY:	STATE/PROVE:	ZIP CODE:	COUNTRY:	
If you want us to send additional letters to other individuals, please duplicate this form and submit separately.				
SECTION B				
Please fill the details below:				
1. HOME ADDRESS:				

CITY:	STATE/PROVE:	ZIP CODE:	COUNTRY:	
2. HOME PH	HONE:	CELL PHONE:		
3. BUSINESS ADDRESS:				
CITY:	STATE/PROVE:	ZIP CODE:	COUNTRY:	
4. BUSINESS PHONE:				
5. FAX:		E-MAIL:		
SIGNATUR	E:	DATE:		

Please Return This Form To

Certification Department

American Academy of Financial Management 403, 4th Floor, ITL Twin Tower, Plot No. B-09, Netaji Subhash Place, Delhi-110034 Or Scan & Mail to: <u>operation@aafmindia.co.in</u>