

# 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 PHONE:

CELL PHONE:

3. BUSINESS ADDRESS:

CITY:

STATE/PROVE:

ZIP CODE:

COUNTRY:

4. BUSINESS PHONE:

5. FAX:

E-MAIL:

SIGNATURE:

DATE:

Please Return This Form To

### Certification Department

American Academy of Financial Management  
403, 4<sup>th</sup> Floor, ITL Twin Tower, Plot No. B-09,  
Netaji Subhash Place, Delhi-110034

Or

Scan & Mail to: [operation@aafmindia.co.in](mailto:operation@aafmindia.co.in)

PRINT