

CWM® CERTIFICATION FORM

Registration No: _____ (For Office Use Only)

Year of Passing : 20__ - 20__

Passport Size
Photograph

1. PERSONAL DETAILS

Name to be printed : _____
First Name Middle Name Last Name

Correspondence Address: _____

Nearest Landmark : _____ City: _____

State : _____ Pin: _____

Tel. (Office) : _____ Res.: _____
STD Code Number STD Code Number

Email ID : _____

Date of Birth :
(DD) (MM) (YYYY) Citizen: Indian Foreign

2. Name Of The Education Provider

Address: _____

3. Testimonial

Write few lines as your testimonial about the CWM® certification. (Hint: Benefits, Comprehensive Curriculum, Relevance to the Industry, etc.) (Please use separate Sheet, if required)

4. TERMS & CONDITIONS

By signing this CWM® Certification Form, I do hereby understand and agree to be legally bound by these terms and conditions of AAFM India Pvt. Ltd. as modified and posted from time to time:

1. The Candidates **must** satisfy all requirements of the CWM® certificate program that were in place when they began the program before the certificate will be awarded.
2. The candidate name on the certificate must match the name filled on the candidate registration form.
3. The CWM® Certification is valid for one year from the date of issuance.
4. Upon the award of the certification, candidates are waived from CPD requirements for the 1st year. From the 2nd year onwards, the candidates are required to complete 30 CPD hours annually in order to keep your status as a “Chartered” Member and a member-in-good-standing status.
5. The CWM® will be awarded only on the payment of the requisite Certification Fee.
6. AAFM®, US, International Board of Standards™ (IBS™) and AAFM India Pvt. Ltd. shall have the sole discretion to award the CWM® certification and continuance of the certification; and the decision of AAFM®, US, International Board of Standards™ (IBS™) and AAFM India Pvt. Ltd. in all the matters shall be final shall be final and binding without any further claim.
7. The terms & conditions of CWM® certification are in all respects be governed by the laws and jurisdiction of the United States and venue of any actions will be in the EDLA Federal courts of the State of Colorado (CO SPRINGS) or EDLA Louisiana for AAFM, US using the choice of AAFM, US.
8. Approval for exceptions to any of the above requirements must be obtained in writing from the Head Operations, AAFM India Pvt. Ltd.

5. DECLARATION

I wish to obtain the CWM® Certification. I shall submit the following documents to the AAFM India Pvt. Ltd. along with the Certification form failing which I Agree that my application for the CWM® Certification will not be considered by AAFM India Pvt. Ltd.:

- 1 Duly filled Certification Form
- 2 Demand Draft equivalent to USD 100 + 12.36% Service Tax payable in Rupees only towards Certification Fee (in favor of “**AMERICAN ACADEMY OF FINANCIAL MANAGEMENT INDIA PRIVATE LIMITED**” payable at New Delhi)

I hereby declare that the above information provided by me is true and correct to the best of my knowledge, information and belief. I also agree to adhere to AAFM India Pvt. Ltd. guidelines and instructions. By this application, I do hereby release AAFM India Pvt. Ltd. from all my claims whatsoever, present or future, which may be caused due to any act or omission by the Authorized Education Provider or otherwise. In case of any dispute which may arise between me and the education provider or AAFM India Pvt. Ltd., the same should be referred to Head – Operations (AAFM India Pvt. Ltd.) and the decision taken by the Head – Operations (AAFM India Pvt. Ltd.) shall be final and binding without any further claim.

Date : _____ Place : _____

Signature of the Candidate

For Official Use Only (AAFM India Pvt. Ltd.)

Approved By:	
Signature:	
Date:	
Remarks:	