

FPA Professional Ongoing Fees Code Participating Member Acknowledgment

Tick to affirm <input checked="" type="checkbox"/>	I,.....[insert full legal name of member] of..... [insert business address of the member], being a current financial member of the Financial Planning Association of Australia Limited hereby declare:
<input type="checkbox"/>	I have read and understood my obligations under the FPA Professional Ongoing Fees Code and the FPA Professional Ongoing Fees Code Participating Member Registration Agreement.
<input type="checkbox"/>	I acknowledge that upon termination of my FPA Professional Ongoing Fees Code Participating Member Registration Agreement with the FPA (clause 14), my termination will be noted on the FPA Professional Ongoing Fees Code public register of code subscribers, reported to ASIC and I am required to comply with the Opt-in provisions contained in s.962K of the Corporations Act 2001 (Cth) from the date of such termination.
Signed: Full legal name of member: Date of Acknowledgement: _____ / _____ / 20____	

FPA Professional Ongoing Fees Code Participating Member Annual Personal Compliance Declaration

Tick to affirm	I,.....[insert full legal name of member] of..... [insert business address of the member], being a current financial member of the Financial Planning Association of Australia Limited hereby declare:
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	I have read and understood my obligations under the FPA Professional Ongoing Fees Code and the FPA Professional Ongoing Fees Code Participating Member Registration Agreement.
<input type="checkbox"/>	I acknowledge that upon termination of my FPA Professional Ongoing Fees Code Participating Member Registration Agreement with the FPA (clause 14), my termination will be noted on the FPA Professional Ongoing Fees Code public register of code subscribers, reported to ASIC and I am required to comply with the Opt-in provisions contained in s.962K of the Corporations Act 2001 (Cth) from the date of such termination.
<input type="checkbox"/>	I declare for the financial year commenced 1 July[insert current financial year] to date I have complied with my obligations under the FPA Professional Ongoing Fees Code and my FPA Professional Ongoing Fees Code Participating Member Registration Agreement.
<input type="checkbox"/>	Or, I am unable to make the above declaration and declare the following breaches of my FPA Professional Ongoing Fees Code Participating Member Registration Agreement:
<p>Signed:</p> <p>Full legal name of member: _____</p> <p>Date of Compliance Declaration: _____ / _____ / 20__</p>	