

Date Received:

Processed by:

CHANGE IN DESIGNATION / SUPERVISORY CONTROL / BANDING FOR A REPRESENTATIVE (SG Alliance / PS / PFP) Groups

Representative's Information		
Name as in NRIC / Passport: (please underline surname)		PIAS Rep Code:
Current Reporting Structure		
Branch Name:	Financial Services Director:	Financial Services Manager: (if any)

Section A: Change in Designation																	
<input type="checkbox"/>	Effective From: (DD/MM/YYYY)																
<table border="1"> <thead> <tr> <th>Current Designation</th> <th>New Designation</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Financial Services Consultant</td> <td><input type="checkbox"/> Financial Services Consultant</td> </tr> <tr> <td><input type="checkbox"/> Senior Financial Services Consultant</td> <td><input type="checkbox"/> Senior Financial Services Consultant</td> </tr> <tr> <td><input type="checkbox"/> Executive Financial Services Consultant</td> <td><input type="checkbox"/> Executive Financial Services Consultant</td> </tr> <tr> <td><input type="checkbox"/> Financial Services Manager</td> <td><input type="checkbox"/> Financial Services Manager</td> </tr> <tr> <td><input type="checkbox"/> Senior Financial Services Manager</td> <td><input type="checkbox"/> Senior Financial Services Manager</td> </tr> <tr> <td><input type="checkbox"/> Financial Services Director</td> <td><input type="checkbox"/> Financial Services Director</td> </tr> <tr> <td><input type="checkbox"/> Senior Financial Services Director</td> <td><input type="checkbox"/> Senior Financial Services Director</td> </tr> </tbody> </table>	Current Designation	New Designation	<input type="checkbox"/> Financial Services Consultant	<input type="checkbox"/> Financial Services Consultant	<input type="checkbox"/> Senior Financial Services Consultant	<input type="checkbox"/> Senior Financial Services Consultant	<input type="checkbox"/> Executive Financial Services Consultant	<input type="checkbox"/> Executive Financial Services Consultant	<input type="checkbox"/> Financial Services Manager	<input type="checkbox"/> Financial Services Manager	<input type="checkbox"/> Senior Financial Services Manager	<input type="checkbox"/> Senior Financial Services Manager	<input type="checkbox"/> Financial Services Director	<input type="checkbox"/> Financial Services Director	<input type="checkbox"/> Senior Financial Services Director	<input type="checkbox"/> Senior Financial Services Director	
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Applicable for New Designation: SFSD, FSD, SFSM & FSM Are there any advisers reporting to the new representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach the advisers' structure under its span of control.																	

Section B: Change in Supervisory Control																	
<input type="checkbox"/>	Effective From: (DD/MM/YYYY)																
<table border="1"> <thead> <tr> <th colspan="4">New Reporting Structure</th> </tr> </thead> <tbody> <tr> <td>Branch Name</td> <td colspan="3"></td> </tr> <tr> <td>Financial Services Director</td> <td>Name:</td> <td>PIAS Rep Code:</td> <td></td> </tr> <tr> <td>Financial Services Manager (if any)</td> <td>Name:</td> <td>PIAS Rep Code:</td> <td></td> </tr> </tbody> </table>		New Reporting Structure				Branch Name				Financial Services Director	Name:	PIAS Rep Code:		Financial Services Manager (if any)	Name:	PIAS Rep Code:	
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Branch Name																	
Financial Services Director	Name:	PIAS Rep Code:															
Financial Services Manager (if any)	Name:	PIAS Rep Code:															

Section C: Change in Banding		
<input type="checkbox"/>	Effective From: (DD/MM/YYYY)	
	Current Banding (%)	New Banding (%)
Representative's Percentage		
Management Sub-Unit's Percentage (SFSM/FSM)		
Management Unit's Percentage (SFSD/FSD)		

Acknowledgement				
Name				
	Current FSD	New FSD	BDM	Head of BD
Signature				
Date				