# TRANSFER REQUEST FORM

## CTP® Examination

**Certified Treasury Professional®**

Submit your transfer request to AFP via fax at +1.301.907.2864.

Applications with credit card payment may be sent to AFP via fax at +1.301.907.2864. To avoid a duplicate credit card charge, the application should be mailed <u>OR</u> faxed, not both. Do not send this form via email.

— Transfers are granted to the next test window only
— Only one transfer will be permitted per new or re-examination application. (Cannot be used in back-to-back testing windows)
— You must contact Pearson VUE at least one full business day (24 hours) prior to your scheduled appointment to cancel your exam appointment (Saturday and Sunday are not considered business days). For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment will result in a $85 no show penalty fee

| Current Window | Transfer To | Transfer Deadline |
|---|---|---|
| June 1, 2017 – July 31, 2017 (2017A) | December 1, 2017 – January 31, 2018 (2017B) | July 31, 2017 |

*Please print or type*

1. AFP ID #/CANDIDATE ID#: _____

2. NAME: ❏ MR.  ❏ MS.  ❏ MRS.  ❏ DR. _____
              LAST           FIRST           MI

3. TITLE: _____

4. ORGANIZATION: _____

5. MAILING ADDRESS PREFERENCE ( ❏ HOME  ❏ BUSINESS )

6. BUSINESS ADDRESS: _____

   CITY: _____  STATE/PROV: _____  ZIP/POSTAL CODE: _____  COUNTRY: _____

   HOME ADDRESS: _____

   CITY: _____  STATE/PROV: _____  ZIP/POSTAL CODE: _____  COUNTRY: _____

7. PHONE: _____

   E-MAIL: _____

8. ❏ TRANSFER ONLY: $125.00
   ❏ TRANSFER + NO SHOW FEE: $125.00 + $85.00 = $210.00
   ❏ NO SHOW FEE: $85.00

9. METHOD OF PAYMENT: ❏ CHECK  ❏ AMERICAN EXPRESS  ❏ MASTERCARD  ❏ VISA  ❏ DISCOVER CARD  ❏ WIRE

10. CARD NUMBER: _____  EXPIRATION DATE: _____
    PLEASE SIGN BELOW (*FOR SECURITY REASONS DO NOT SEND FORMS WITH CREDIT CARD INFORMATION VIA EMAIL.*)

By signing and submitting this transfer request form, I accept the conditions set forth in the *CTP Candidate Handbook.* I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (www.AFPonline.org/ethics). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

11. SIGNATURE: _____  DATE: _____

ALL TRANSFER REQUESTS MUST BE SIGNED BY CANDIDATE. NO THIRD-PARTY REQUESTS WILL BE ACCEPTED.

*Please direct all inquiries to the certification department at +1.301.907.2862 or by email to CTP@AFPonline.org.*