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2. CPD REQUIREMENTS

CPD is a mandatory requirement for all applicants.

a. I confirm that I have completed 35 hours CPD of which 21 hours are structured and five hours cover Regulations, Risk, Integrity and Ethics

b. I have been on maternity / long-term sick leave and need to apply for a reduced rate of CPD. My absence was between to If the above applies, a letter from your firm confirming this is required.

c. Please place a cross in one of the boxes below (CPD records do need to be within the last 12 months): My CPD has been logged on the CISI's CPD scheme

d. CPD Declaration

I confirm that if selected for CPD audit, I will cooperate fully with the CISI and provide a completed audit pack, which meets the CISI audit requirements, within 35 days

3. FCA APER/COCON REQUIREMENTS

Please place a cross in one of the boxes below:

I confirm that I understand and have fully complied with the FCA APER/COCON requirements over the preceding 12-months.

The FCA requirements are not applicable to me.

4. CISI CODE OF CONDUCT

I confirm that I understand and will fully comply with the CISI Code of Conduct cisi.org/code

Checked by



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5. DISCIPLINARY HISTORY

a. Are you currently subject to disciplinary investigation, actions or sanctions by your firm, a regulator, the CISI or any other organisation that may impact upon your suitability for a CoP?

Yes No

(If no, please proceed to section 7).

If yes, please provide details here, or attach details to this application form.

b. I confirm my employer was notified of the disciplinary investigation (if the investigation was carried out by an organisation other than your firm).

c. I confirm the FCA was notified and / or is aware of the disciplinary investigation.

In your belief, does this disciplinary investigation, actions or sanctions affect your suitability to be issued with a CoP? (please provide details below)

d. Have you been convicted of a criminal offence, which has not previously been declared?

Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.

Yes No



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6. DECLARATION

This section must be completed by the individual applying for a CoP. No other persons are permitted to complete this section of the application form on their behalf.

I confirm that this application is a true and accurate reflection of my status and competence. I understand that if I am found to have provided the CISI with a false declaration or false information in relation to any aspect of this CoP application then this may result in the CoP not being issued or subsequently withdrawn.

I understand that if issued with a CoP by the CISI, this is subject to passing a CPD audit if selected

I understand that if issued with a CoP, this will remain the property of the CISI and can be withdrawn at any time upon request

I agree to inform the CISI immediately if any information related to this application changes

I confirm that my 'contact details' and 'profile' in 'my details' section at cisi.org/mycisi are current and correct.

By signing the below I confirm that I have read, understood and agreed to the CISI's CoP terms and conditions above, and those available at cisi.org/professionalism

Print name

Signature

Date

7. FIRM VERIFICATION

This section needs to be completed if this application has been verified by the nominated firm verifier. If your application is not being verified by your firm's verifier, please proceed to section 9. Under no circumstances should this section be completed by the member or anyone other than a CISI-approved nominated verifier.

I confirm that the information submitted by the member is a true and accurate reflection to the best of my and my firm's knowledge:

Print name

Signature

Date

I confirm that I have been recognised by the CISI as a verifier for my firm



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8. CoP PAYMENT

a. CISI Members

I or my firm are paying for my CoP on renewal, £26.00

b. All

If payment is by the firm, please provide the following information:

Contact name:

Department:

Cost centre/code:

Address:

I authorise payment to be invoiced to our general account:

Print name _____

Signature _____ Date _____

