CHARTERED WEALTH MANAGER QUALIFICATION EXEMPTION REQUEST FORM

Candidate No: *if known*

PERSONAL DETAILS

eg Mr/Mrs/ Miss/Ms

Surname: Title:

Forename(s):

Private address:

Postcode:

Home telephone: Date of birth:

EMPLOYMENT DETAILS (if employed)

Name of firm:

Firm's address:

Postcode:

Position held: Nationality:

Daytime telephone:

Email address: *if applicable*

PAYMENT: *Please fill out the appropriate information* **Account Firms:** ☐ *Please invoice.*

Invoice recipient name: ______________________ Job title: ______________ email: ____________________

Payment by Cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. ☐ *Cheque attached*

Payment by Card: Chartered Institute for Securities & Investment accepts payment by certain types of payment card – **American Express, Delta, Eurocard, MasterCard, Switch** and **Visa.** If you would prefer to make your payment by card, please complete the information requested below, then fill out your cardholder details. Forms may then be faxed or posted to the Chartered Institute for Securities & Investment. If submitting the original form by post after having sent it by fax, please tick this box to ensure you are not charged TWICE: ☐

I wish to pay by ***American Express/Delta/Eurocard/MasterCard/Switch/Visa** **Delete as applicable*

I authorise you to debit my account with the amount of £75

Card number:

Expiry date: Switch/AMEX issue date: Switch only issue no: Security code: *

** If you do not wish to send your credit card information via the post, please contact our Customer Support Centre on +44 (0)20 7645 0777*

Cardholder's name: *(if different to that on previous page of this form)*

Cardholder's address: *(if different to that on previous page of this form)*

Signature: ....

.... Telephone:

Please note: purchases made with a credit card will incur a 2% surcharge to cover administration & handling fees. This does not apply to debit card transactions.

EXEMPTION REQUESTED Financial Markets ☐

Qualification offered for exemption: ....

Syllabus and accompanying papers enclosed: **Yes / No** *please circle* A copy of the relevant certificate, certified by your employer as a true copy, must be enclosed with this form. (The exemption will not be processed until this is received.)

DECLARATION: "I declare that the information I have supplied is complete and correct. In considering my application for exemption, I agree that I will comply with and be bound by the Memorandum and Articles of Association and Rules of the Chartered Institute for Securities & Investment which are or may be in force from time to time." I am happy for the Institute to confirm these details with the relevant issuing body.

Candidate's Signature .... **Date:** ....

The FCA requires financial practitioners to remain up to date and updated information regarding your qualification and continuing professional development will be sent to you. Please tick the box if you do not want to receive this information. ☐

Please complete and return to:

Chartered Institute for Securities & Investment, 8 Eastcheap, London EC3M 1AE
Telephone: 020 7645 0777 Facsimile: 020 7645 0601 Email: **exemptions@cisi.org**