Centre of Excellence — QMUL Financial Markets Exemption



Please write in black ink and use capitals.

Please note that all questions should be answered, and by completing this application you agree for the CISI to seek qualification verification from the appropriate university of study.

| 1. Personal details | 2. Work details (if applicable) | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| | Firm name | |
| Title First name(s) | | |
| Surname | Job title | |
| Private address | Department | |
| Postcode | Firm address | |
| Tel. Fax | | |
| Email Date of birth | | |
| Nationality | Postcode | |
| Former name(s) if any | Direct tel. | |
| Date of change | Direct fax | |
| Candidate reference number | Email | |
| | | |
| 3. CISI Qualifications gained being studied (please tick and give details) | | |
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| | | |
| 4. Other Professional Qualifications (please attach a certified copy of the Professional Qualifications | e ç ertificate) Designatory letters | |
| Professional Qualifications | Designatory tetters | |
| | | |
| | | |
| 5. Contact information (tick one) | | |
| Correspondence to be delivered to: | ☐ Work ☐ Home | |
| Address to appear in Members' directory: | ☐ Work ☐ Home ☐ None | |
| Who will pay your annual subscription? | ☐ Employer ☐ Self | |
| If Employer, please provide the following information: | | |
| Department | Cost centre | |
| Contact name Address (if different from above) | | |
| | , | |
| | | |
| | | |
| 6. Centre of Excellence details | | |
| o. centre of Executive details | | |
| Name of University | | |
| Name of Postgraduate Programme studied and achieved | | |
| | | |
| Programme start date (mth/yr) | | |
| Programme end date (mth/yr) | | |
| Graduation date (mth/yr) | | |
| | | |
| | | |
| | | |
| 7. Declaration | 8. Referee | |
| 1. I have not been adjudged bankrupt or insolvent or compounded with my | | |
| creditors and I am not currently subject, or have been subject, to disciplin | nary Regulatory Approval Reference | |
| procedures by the FSA, FCA, other regulator or any professional body with the past five years. | | |
| 2. I apply to become a member of the Chartered Institute for Securities & | or your tutor. I support (full name) | |
| Investment and agree to abide by the Royal Charter, Bye-laws, Regulation | | |
| and to uphold its high standards as published in its Professional Code (all | Securities & Investment. I believe from my personal knowledge | |
| available from website). Any breach of the Regulations may give rise to | of him/her, that he/she fulfils the requirements of the Chartered | |
| disciplinary procedures and termination of my membership 3. I agree to maintain competence through CPD as outlined in Annex 3 of the | Institute for Securities & Investment. | |
| Membership Regulations | : | |
| 4. I know of no reason why I should not become a member. | Name in full | |
| Signature | Job title | |
| Name in full | | |
| | Date | |

| | ption from CISI L7 Financial Markets module you must have studied specific modules on specific QMUL accredited programmes. Please gramme and modules you have successfully graduated with: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Eligible Programmes | Eligible Modules | |
| MSc Law & Finance | Principles of Accounting | |
| MSc Investment & Finance | Financial Statements | |
| MSc Banking & Finance | Financial Derivatives | |
| MSc Banking | Investment Management | |
| MSc Business Finance | | |
| | | |
| You must also hold a pass fo | or the CISI IntegrityMatters online test. | |
| | cript, and your IntegrityMatters certificate, must be attached to this form (your exemption cannot be processed without these CISI may confirm your Masters award with the university. | |
| - | oly for an exemption from the CISI L7 Financial Markets module £75 | |
| i ani engible and wish to app | ny for all exemption from the Cist Ly financial markets module 1/5 | |
| | | |
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| | | |
| PAYMENT: Please fill out | the appropriate information | |
| Payment by Cheque: Cheq | ues should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. | |
| ☐ Cheque attached | | |
| Switch and Visa. If you wou | d Institute for Securities & Investment accepts payment by certain types of payment card – American Express, Delta, Eurocard, MasterCard, ald prefer to make your payment by card, please complete the information requested below, then fill out your cardholder details. It posted to the Chartered Institute for Securities & Investment. If submitting the original form by post after having sent it by fax, please tick that the chartered Institute for Securities & Investment. If submitting the original form by post after having sent it by fax, please tick that the chartered Institute for Securities & Investment. | |
| 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 £ | |
| 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 - Telephone +44 20 7645 0777 | | |
| | | |
| Cardholder's name: (if diff | erent to that on previous page of this form) | |
| Cardholder's address: (if o | lifferent to that on previous page of this form) | |
| Cardinolaer 3 address. (i) a | injerent to that on previous page of this formy | |
| | | |
| | | |
| 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. | |
| Cardholder's Signature: | Telephone: | |
| G | | |
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| | | |
| DECLARATION: "I declare th | at the information I have supplied is complete and correct. In considering my application for exemption, I agree to abide by the Royal Charter, | |
| Bye-laws, Regulations, and t disciplinary procedures and | o uphold its high standards as published in its Professional Code (all available from website). Any breach of the Regulations may give rise to termination of my membership. I am happy for the Institute to confirm these details with the relevant issuing body. | |
| | | |
| Candidate's Signature | Date: | |
| | | |
| The FCA requires financial practitio | ners to remain up to date and updated information regarding your qualification and continuing professional development will be sent to you. Please | |

Please complete and return to: