

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.

QMUL FinMar Exemp 2015/16

1. Personal details

Title _____ First name(s) _____

Surname _____

Private address _____

Postcode _____

Tel. _____ Fax _____

Email _____ Date of birth _____

Nationality _____

Former name(s) if any _____

Date of change _____

Candidate reference number _____

2. Work details (if applicable)

Firm name _____

Job title _____

Department _____

Firm address _____

Postcode _____

Direct tel. _____

Direct fax _____

Email _____

3. CISI Qualifications **gained** **being studied** (please tick and give details)

4. Other Professional Qualifications (please attach a certified copy of the p
Professional Qualifications _____
Designatory letters _____

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

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

- I have not been adjudged bankrupt or insolvent or compounded with my creditors and I am not currently subject, or have been subject, to disciplinary procedures by the FSA, FCA, other regulator or any professional body within the past five years.
- I apply to become a member of the Chartered Institute for Securities & Investment and agree to abide by the Royal Charter, Bye-laws, Regulations, and to uphold its high standards as published in its Professional Code (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership
- I agree to maintain competence through CPD as outlined in Annex 3 of the Membership Regulations
- I know of no reason why I should not become a member.

Signature _____

Name in full _____

8. Referee

(Only required for applicants who do not have regulatory approval.)
Regulatory Approval Reference _____
The referee must be either a professional (eg, accountant, lawyer) or your tutor.
I support (full name) _____
in applying to become a member of the Chartered Institute for Securities & Investment. I believe from my personal knowledge of him/her, that he/she fulfils the requirements of the Chartered Institute for Securities & Investment.

Signature _____

Name in full _____

Job title _____

Date _____

