Concessionary Affiliate Application Form



All questions to be answered and printed in ink and in block capitals.

Details of admission criteria can be found on our website cisi.org/membership

The concessionary rate is available to those receiving either:

Income support; Income-based Jobseeker's allowance; or Pension Credit / Guarantee Credit

Please attach the following with your application: one proof of identity one proof of entitlement

1. Personal details	2. Work details
Title	Firm name
First name(s)	Job title
Last name	Department
Home address	Firm address
Postcode	
Tel. (include country and local code)	
Mobile	Postcode
Email	Tel. (include country and local code)
Date of birth DD/MM/YYYY	Email
Former name(s) if any	
3. IntegrityMatters Obtaining a pass in the CISI's IntegrityMatters is now a requirement For more information please go to cisi.org/integritymatters	t for Affiliate membership. I have passed the IntegrityMatters test
	I will pass IntegrityMatters to activate my membership
4. Communications Preferences Please tell us what information	on you would like to be contacted about
Additional Events: Training Courses Conferences	<u> </u>
Other: Research Surveys Jobs Online	
Professional Forums and Interest Groups events in London:	
Bond Compliance Corporate Finance International Risk Wealth Management Young Professionals Tr. Study: Qualifications Bulletin New Qualifications	raining, Competence and Culture Paraplanner ualifications and Pathways Revision Tools
Telephone Communications: Membership Qualifications	
	etworking and Social Events Online Learning Member Survey e Review Print Magazine Member Updates and News
Membership Directory: Opt in Membership Directory	
5. Contact information (tick one)	☐ Work ☐ Home
Correspondence to be delivered to: Who will pay annual subscription?	Firm Self
If firm, please provide the following information:	
Dept:	Cost centre:
Contact name:	
Address (if different from above):	

6. Disciplinary history (tick one) I have been convicted of a criminal offence Yes No 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. I have been adjudged bankrupt or insolvent or compounded with my creditors. Yes No No Other regulator or any professional body within the past five years. Yes No Please provide details with your application if you have responded Yes to any of the above.
7. Declaration
1. On applying to become a member of the Chartered Institute for Securities & Investment and agree to abide by the Royal Charter, Byelaws, 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
2. I am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
3. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
4. I know of no reason why I should not become a member
SSignature: Date DD/MM/YYYY
Name in full:
8. Payment (Please complete as appropriate) There is a joining fee of £33 for the Affiliate category and the annual subscription is £70. The subscription is payable at the time of application. Thereafter, subscriptions are due annually on 1st April. The membership fee is payable on a pro-rata basis at any stage of the year. Please tick the following box if you are joining between: Apr - Jun - £70 Jul - Sep - £52.50 Oct - Dec - £35 Jan - Mar - £87.50 (includes fees for the following subscription year) If paying by cheque or credit card please ensure you pay the correct pro-rata amount. Total paid Receipt required
Payment by cheque: Cheques should be made payable to: 'Chartered Institute for Securities & Investment Ltd' and crossed 'Account Payee only'. Cheque attached
Payment by Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable I authorise you to debit my account with the amount of
Card number: Security code.: Security code.:
Expiry date:/ Maestro/AMEX issue date:/ Maestro only issue No:
* If you do not wish to conduct your gradit gord information via the next places contact customer support. Telephone 144.20.7645.0777
* If you do not wish to send your credit card information via the post, please contact customer support - Telephone +44 20 7645 0777 Card holder's name:

Please post or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Any questions? applications@cisi.org / +44 (0)20 7645 0777