

# Membership Upgrade Form

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

CISI Candidate/Membership number \_\_\_\_\_

1. I wish to apply to upgrade my membership in accordance with the Membership Regulations (please tick)

Associate (ACSI)  Full Member (MCSI)  (Details of upgrade criteria can be found on our website [cisi.org/membership](http://cisi.org/membership))

Please note: there is another application form for Individual Charter.

## 2. Personal details

Title \_\_\_\_\_  
First name(s) \_\_\_\_\_  
Last name \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Tel. (include country and local code) \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Date of birth DD/MM/YYYY \_\_\_\_\_  
Former name(s) if any \_\_\_\_\_

## 3. Work details

Firm name \_\_\_\_\_  
Job title \_\_\_\_\_  
Department \_\_\_\_\_  
Firm address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Tel. (include country and local code) \_\_\_\_\_  
Email \_\_\_\_\_

**4. Qualifications** - If applying on the basis of non-CISI qualifications please provide details (**attach a certified copy of the pass certificates**)

A full list of qualifications recognised from other professional bodies can be found on our website.

## 6. Contact information (tick one)

Correspondence to be delivered to:  Work  Home  
Who will pay annual subscription?  Firm  Self  
If firm, please provide the following information: Contact name: \_\_\_\_\_  
Dept: Cost centre: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

## 7. Disciplinary history (tick one)

I have been convicted of a criminal offence. Yes  No   
Please note that you do not need to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974, or protected convictions that are filtered from a standard or enhanced Disclosure and Barring Service (DBS) check.  
I have entered an Individual Voluntary Agreement (IVA) or equivalent agreement with my creditors or have been adjudged bankrupt or insolvent or compounded with my creditors. Yes  No   
I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years. Yes  No   
I have been subject to a disciplinary investigation by my firm that has led to disciplinary action being taken against me. Yes  No   
Please provide details with your application if you have responded Yes to any of the above.

**8. Declaration**

1. On applying to upgrade my membership of the Chartered Institute for Securities & Investment I 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.
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. I know of no reason why I should not become a member.

Signature: \_\_\_\_\_ Date DD/MM/YYYY \_\_\_\_\_  
 Name in full: \_\_\_\_\_

**9. Payment** (Please complete as appropriate)

The upgrade fee is £55, plus the difference in annual subscription between your current subscription fee and the category of Membership for which you are applying. The upgrade fee and subscription fee are payable at the time of upgrade. **Thereafter, subscriptions are due annually on 1st April.**

I would like to upgrade from  ACSI to MCSI £130  Affiliate to MCSI £130  Affiliate to ACSI £55

Total Paid  (There is no pro-rata arrangement) Receipt required

Please note that no upgrades can be processed where there is an outstanding subscription due for the current year.

**Payment by firm:**

I authorise payment for membership to be invoiced to our general account:

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ HR department

Firm reference:

**Payment by Card:** I wish to pay by card:

by telephone/email\* to make payment on my behalf.

Telephone number:

Email address:

\*If you have selected via email you will receive a payment link from [customersupport@cisi.org](mailto:customersupport@cisi.org) to complete

Name:

Signature: \_\_\_\_\_

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.  
The CISI reserves the right to refuse applications where information supplied is found to be false

**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](mailto:applications@cisi.org) / +44 20 7645 0777