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## CISI APPLICATION FORM FOR RENEWAL Certificate of professionalism

All questions should be answered and printed in black ink and in block capitals. Where confirming a statement as correct, please only place a 'X' in the box. All questions are mandatory unless stated otherwise. Please note that incorrectly completed or ineligible forms will be returned to the applicant for resubmission.

Due to the high level of incomplete or inaccurate CoP applications, individuals will now be advised by email that their application is unable to be processed and will be given three days to supply the missing documentation. Regrettably, if this information is not received by the end of the third day, the application will be returned, unprocessed.

		OFFICE	USE ONLY
1	PERSONAL DETAILS OF MEMBER	C&E X	v&c X
a.			
	CISI Customer number:		
c.	Title:		
d.	First name(s):		
e.	Middle name(s):		
f.	Surname:		
g.	Date of birth:		
h.	Email:		
i.	Firm name:		
	Please place a <b>cross</b> in one of the boxes below:		
	My employer will verify my CoP application		
	My employer has opted out of verifying my CoP application (if crossed, please do <b>not</b> complete section 8)		
	I am a sole trader and am self-verifying my application (if crossed please do not complete section 8)		
j.	CoP Date		
-	You can choose the date that you wish your CoP to commence. However, please note the following guidelines when choosing a date:		
	• Where a date is not chosen by the applicant or nominee, the CoP will be dated as the date of issue.	CPD year	end date
	<ul> <li>Please use United Kingdom dating convention (eg, please use day/month/year, instead of month/day/year, such as 01/04/2021 for 1 April 2021).</li> </ul>		
	I wish my CoP to be renewed after my current CoP expires Yes No		
	I want my CoP start date to be the followings date	CPD resul	t
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2	. CPD REQUIREMENTS		
C	PD is a mandatory requirement for all applicants.		
a	I confirm that I have completed 35 hours CPD of which 21 hours are structured and		
	five hours cover Regulations, Risk, Integrity and Ethics		
b	. I have been on maternity / long-term sick leave and need to apply for a reduced rate of CPD.		
	My absence was between		_
	If the above applies, a letter from your firm confirming this is required.		
с	Please place a cross in one of the boxes below (CPD records do need to be within the last 12 months):		
	My CPD has been logged on the CISI's CPD scheme		
d	. CPD Declaration		
-	I confirm that if selected for CPD audit, I will cooperate fully with the CISI and provide a completed audit pack,		
	which meets the CISI audit requirements, within 35 days		
-			
3	. FCA APER/COCON REQUIREMENTS		
	Please place a <b>cross</b> in one of the boxes below:		
	I confirm that I understand and have fully complied with the FCA APER/COCON requirements		
	over the preceding 12-months.		
	The FCA requirements are not applicable to me.		
4	. CISI CODE OF CONDUCT		
	confirm that I understand and will fully comply with the CISI Code of Conduct		
c	isi.org/code		
		Che	cked by
			.encu by



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5. a. If y	DISCIPLINARY HISTORY Are you currently subject to disciplinary investigation, actions or sanctions by your firm, a regulator, the CISI or any other organisation that may impact upon your suitability for a CoP? Yes No (If no, please proceed to section 7). es, please provide details here, or attach details to this application form.		
<b>c.</b> In y	I confirm my employer was notified of the disciplinary investigation (if the investigation was carried out by an organisation other than your firm). I confirm the FCA was notified and / or is aware of the disciplinary investigation. your belief, does this disciplinary investigation, actions or sanctions affect your suitability to be issued with a CoP? ease provide details below)		
d.	Have you been convicted of a criminal offence, which has not previously been declared? 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. Yes No		



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6. DECLARATION		
This section must be completed by the individual applying for a CoP. No other persons are permitted to complete this section of the application form on their behalf.		
I confirm that this application is a true and accurate reflection of my status and competence. I understand that if I am found to have provided the CISI with a false declaration or false information in relation to any aspect of this CoP application then this may result in the CoP not being issued or subsequently withdrawn.		
I understand that if issued with a CoP by the CISI, this is subject to passing a CPD audit if selected		
l understand that if issued with a CoP, this will remain the property of the CISI and can be withdrawn at any time upon request		
l agree to inform the CISI immediately if any information related to this application changes		
I confirm that my 'contact details' and 'profile' in 'my details' section at cisi.org/mycisi are current and correct.		
By signing the below I confirm that I have read, understood and agreed to the CISI's CoP terms and conditions above, and those available at cisi.org/professionalism		
Print name		
Signature Date		
7. FIRM VERIFICATION		
This section needs to be completed if this application has been verified by the nominated firm verifier. If your application is not being verified by your firm's verifier, please proceed to section 9. Under no circumstances should this section be completed by the member or anyone other than a CISI-approved nominated verifier.		
I confirm that the information submitted by the member is a true and accurate reflection to the best of my and my firm's		
knowledge:		
Print name		
Signature Date		
I confirm that I have been recognised by the CISI as a verifier for my firm		
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8. CoP PAYMENT         a. CISI Members         I or my firm are paying for my CoP on renewal, £26.00		
b. All		
If payment is by the firm, please provide the following information:		
Contact name:		
Department:		
Cost centre/code:		
Address:		
I authorise payment to be invoiced to our general account:		
Print name		
Signature Date		



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Payment by `Account Pa	<b>y Cheque:</b> Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed ayee only'.		
Payment by	y Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable		
Please conta			
by telephon	e/email* to make payment on my behalf.		
Telephone n			
Email addres	ss:		
*If you have	selected via email you will receive a payment link from <b>customersupport@cisi.org</b> to complete		
Name:			
Signature:			
Office use o	only		
Office use o	only Name Date		
C&E			
C&E V&C Please retur by email: pi	Name Date		