

Accredited Paraplanner Application Form

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

1. I would like to apply to be an Accredited Paraplanner

CISI Candidate/Membership number (if applicable) _____ FCA Number (if applicable) _____

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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

a) I have passed the CISI Certificate in Paraplanning

5. Communications Preferences

 Please tell us what information you would like to be contacted about

Additional Events: Training Courses Conferences Branch Dinners

Other: Research Surveys Jobs Online

Professional Forums and Interest Groups events in London:

Bond Compliance Corporate Finance International Regulation Financial Planning FinTech Operations

Risk Wealth Management Young Professionals Training and Competence Paraplanner

Study: Qualifications Bulletin New Qualifications and Pathways Revision Tools

Telephone Communications: Membership Qualifications Events

Your Membership: Membership Upgrades CPD, Networking and Social Events Online Learning Member Survey

The Review Digital Articles The Review Print Magazine Member Updates and News

Membership Directory: Opt in Membership Directory

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

I have been subject to disciplinary proceedings by the FCA, 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. As a member 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.

Signature: _____

Name in full: _____

Date: _____

8. Payment (Please complete as appropriate)

The fee is payable at the time of application - £31

Payment by firm:

I authorise payment to be invoiced to our general account:

Print name: _____

Signed: _____

Firm reference:

Payment by cheque:

Cheques should be made payable to:

'Chartered Institute for Securities & Investment' 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 £31

Card number: Security code.: *

Expiry date: __/__/__

Maestro/AMEX issue date: __/__/__

Maestro only issue No: _____

* 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: _____

Signature: _____

Please return your application form to:

Accredited Paraplanner

Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY
or scan and email a copy to applications@cisi.org