

# 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**

(Please note you do need to hold Associate membership or above to apply)

**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 or a Level 4 qualification such as CII Certificate in Paraplanning, PMI Diploma in Professional Financial Advice, LIBF Diploma for Financial Advisers. Please confirm which qualification you hold and attach a certified copy of your certificate if this is not a CISI qualification
- b) I can confirm I am currently working within paraplanning or financial planning.
- c) I have met and will continue to meet the 35 hour CPD requirement.

## 5. 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 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.

## 6. 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: \_\_\_\_\_

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**