

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) _____

APP ©2025

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 Level 4 Certificate in Paraplanning or an external Level 4 qualification such as CII Certificate in Paraplanning, PMI Diploma in professional Financial Advice or the 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. If you are a CERTIFIED FINANCIAL PLANNERTM professional you are already eligible.

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 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.

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**