



# CISI APPLICATION FORM FOR INITIAL STATEMENT OF PROFESSIONAL STANDING (SPS)

All questions are mandatory unless stated otherwise. If completing the application form by hand, please note that all questions answered must be printed in ink and in block capitals. Where confirming a statement as correct, please only place a 'X' in the box. Please note that incorrectly completed or ineligible forms will be returned to the applicant for resubmission. Statements of Professional Standing are available only as part of the Retail Distribution Review (RDR) requirements.

Due to the high level of incomplete or inaccurate SPS applications, individuals will now be advised by email if their application cannot 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.

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## 1. PERSONAL DETAILS OF ADVISER

a. CISI Membership number :

b. CISI Customer number:

c. Title:

d. First name(s):

e. Middle name(s):

f. Surname:

g. Date of birth:

h. Email:

i. Please complete the section below:

a)  I am a FCA Approved person on the FCA's Financial Services Register and have confirmed this by recording my individual FCA number in the boxes

or

b)  I am a Relevant Authorised Person (RAP) under the Senior Managers/Certification Regime and my firm has verified my application.

FCA Firm Reference Number:  Certification date

FCA Individual Reference Number:  Mandatory if previously held

I have not held an FCA Individual Reference Number previously

j. Firm name:

Please place a cross in one of the boxes below:

My employer will verify my SPS application

My employer has opted out of verifying my SPS application (if crossed, please do not complete section 9)

Please note advisers under the Senior Managers/Certification Regime are required to complete Section 9 of this form. Applications submitted without a verifier will not be processed. Details on SPS verification can be found at [cisi.org/spsverification](http://cisi.org/spsverification)

## k. SPS Date

You can choose the date that you wish your SPS to commence. However, please note the following guidelines when choosing a date:

- Your CPD year end date must be within 92 days prior to your SPS start date
- Where a date is not chosen by the applicant or nominee, the SPS start date will be the date of issue and CPD will be realigned accordingly
- Please use United Kingdom dating convention (eg, please use day/month/year, instead of month/day/year, such as 01/04/2018 for 1 April 2018).

I want my SPS start date to be the following date

CPD year end date

CPD result



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2. FCA SPECIALIST ACTIVITIES

Please place a cross in the relevant boxes below: I work within the following RDR specialist areas:

Details of what activities are covered in each specialist area can be found in the FCA handbook (fshandbook.info/FS/html/handbook/TC/App/1/1)

Securities  Derivatives  Retail investment products and friendly society tax-exempt policies

3. RDR QUALIFICATION AND GAP-FILL REQUIREMENTS

a If your qualifications and gap-fill compliance have already been verified please place a cross in the relevant box below and proceed to section 4

The CISI has previously confirmed I have met the RDR qualification and gap-fill requirements

I have had my qualifications and gap-fill verified by another FCA-recognised Accredited Body, who have confirmed that I have met the RDR qualifications and gap-fill requirements. I have attached verifiable evidence of the Accredited Body confirmation that I have met this aspect of the RDR requirements

b Qualification and gap-fill confirmation

I have completed a fully RDR compliant qualification, that does not require gap-fill (Some RDR qualifications, such as the IAD, do not require any gap-fill to be undertaken. Please proceed to section 4 if this is the case).

I have completed a RDR relevant qualification that requires gap-fill to be undertaken to meet the full RDR examination requirements and have verifiable evidence of the activity I have undertaken.

Please note: Evidence of CISI qualification achievement does not need to be attached.

If you have achieved a qualification with another body, please attach verifiable evidence of achievement of your RDR-relevant qualification(s). Verifiable evidence will usually constitute a certified copy of your qualification certificate (a copy of your certificate signed or stamped by your compliance department), but can be other forms of evidence of achievement provided by the examination provider, where a certificate is not issued.

Gap-fill completed

Checked by



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**4. RDR CPD REQUIREMENTS**

CPD is a mandatory requirement for advisers but there are exceptions. Please see the CISI guidance at [cisi.org/rdr](http://cisi.org/rdr) for more information.

a. Please place a **cross** in one of the boxes below:

I confirm I have met the CPD requirements in full, and I am applying for a standard SPS

I am applying for an initial SPS and have opted not to meet the full CPD requirement with the agreement of my employer, and am applying for a basic SPS

b. Please place a **cross** in one of the boxes below:

My CPD has been logged on the CISI's Advisory scheme CPD

My CPD has been logged on my firm's CISI-accredited CPD scheme

c. Please place a **cross** in the box below as appropriate:

My CPD year closed or closes within 92 days prior to this application being submitted

**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

**5. FCA REQUIREMENTS**

I confirm that I understand and will fully comply with the FCA APER requirements

I can confirm that I understand and will fully comply with the FCA COCON requirements (only applicable to advisers under the **Senior Managers/Certification Regime**)

**6. CISI CODE OF CONDUCT**

I confirm that I understand and will fully comply with the CISI Code of Conduct



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7. DISCIPLINARY HISTORY

a. I have never been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body.

(If this has occurred please provide details of the relevant Accredited Body(ies) and the reasons provided for the SPS application being denied, or the SPS being suspended or withdrawn below)

b. Have you been subject to disciplinary investigation, actions or sanctions by your firm, a regulator, the CISI, any other Accredited Body or any other organisation that may impact upon your suitability for an SPS?

Yes  No

(If no, please proceed to section 8).

If yes, please provide details here, or attach details to this application form.

c. I confirm my employer was notified of the disciplinary investigation (if the investigation was carried out by an organisation other than your firm).

d. I confirm the FCA was notified and / or is aware of the disciplinary investigation.

In your belief, does this disciplinary investigation, actions or sanctions affect your suitability to be issued with an SPS? (please provide details below)



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**8. DECLARATION**

This section **must** be completed by the adviser for whom an SPS is being applied for. No other persons are permitted to complete this section of the application form.

I am a Retail Investment Adviser as defined by the FCA and I currently work within the Financial Retail sector as defined by the RDR.

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 SPS application then this may result in the SPS not being issued or subsequently withdrawn.

I understand that if issued with an SPS by the CISI, this is subject to passing a CPD audit if selected

I understand that if issued with an SPS, this will remain the property of the CISI and can be withdrawn at any time upon request

I 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](http://cisi.org/mycisi) are current and correct.

By signing the below I confirm that I have read, understood and agreed to the CISI's SPS terms and conditions above, and those available at [cisi.org/rdrspsapplication](http://cisi.org/rdrspsapplication)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**9. FIRM VERIFICATION (mandatory for advisers under the Senior Managers/Certification Regime)**

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 10. Under no circumstances should this section be completed by the adviser or anyone other than a CISI-approved nominated verifier.

I confirm that the information submitted by the adviser 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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Payment by Cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'.  Cheque attached

Payment by Card: The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – American Express, Delta, Eurocard, MasterCard, Switch and Visa. If you would prefer to make your payment by card, please complete the information requested below, then fill out your cardholder details. Forms may then be faxed or posted to the Chartered Institute for Securities & Investment. If submitting the original form by post after having sent it by fax, please cross this box to ensure you are not charged TWICE:

I wish to pay by \*American Express/Delta/Eurocard/MasterCard/Switch/Visa \*Delete as applicable

I authorise you to debit my account with the appropriate amount

Card number:

Expiry date:

Switch/AMEX issue date:

Switch only issue no:

Security code:

\* If you do not wish to send your credit card information via the post, please contact Customer Support Centre on +44 20 7645 0777

Cardholder's name:

Cardholder's address:

Telephone:

Print name

Print Date

Signature

Date



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**d. Future SPS payment**

Please place a cross in one of the boxes below:

**CISI Members**

In future, I wish to pay for my SPS with my CISI membership subscription. In doing so I understand that payment must be made by 31 May on each year, otherwise the CISI will be unable to apply the SPS payment in advance discount

In future, I wish my firm to pay for my SPS with my CISI membership subscription. In doing so I understand that payment must be made by 31 May each year, otherwise the CISI will be unable to apply the SPS payment in advance discount

In future, I (or my firm) wish to continue to pay for my SPS on application

**Employees of CISI Corporate Supporters**

I will continue to pay for my SPS on application (£125)

My firm has an account with the CISI and will continue to pay for my SPS on application (£125)







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C&E	Name	Date
V&C	Name	Date

Please return this form with all required accompanying evidence:

by email: [spsapplications@cisi.org](mailto:spsapplications@cisi.org)

by post: SPS Applications Department, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY