



OFFICE USE ONLY

C&E X V&C X

2. QUALIFICATION

a. I have completed a QCF level 3 qualification as recognised by the CISI

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

If you have achieved a qualification with another professional body, please attach verifiable evidence of achievement of your 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.

b. I do not meet the criteria for qualification but would like to apply by the experience route.

If you choose this the CISI will contact you for further details on your experience.

3. CPD REQUIREMENTS

CPD 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 recorded on the CISI CPD scheme or CISI Accredited CPD scheme (CPD records do need to be within the last 12 months)

b. I have been on maternity / long-term sick leave and need to apply for a reduced rate of CPD.

My absence was between to

If the above applies, a letter from your firm confirming this is required.

c. Please place a cross in one of the boxes below

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

4. FCA APER/COCON REQUIREMENTS

Please place a cross 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.

5. CISI CODE OF CONDUCT

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

cisi.org/code

Checked by



OFFICE USE ONLY

C&E X V&C X

6. DISCIPLINARY HISTORY

a. Are you currently subject to disciplinary investigation, that lead to 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).

If yes, please provide details to policy@cisi.org quoting your name and customer number.

7. DECLARATION

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

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

I understand that if issued with a CoP, 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 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 _____

8. 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

If your firm does not have an approved verifier, please contact professionalism@cisi.org for further guidance



OFFICE USE ONLY

C&E X V&C X

9. CoP PAYMENT

a. CISI Members

I or my firm are paying for my CoP on application, £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 _____

