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CISI APPLICATION FORM FOR INITIAL CERTIFICATE OF PROFESSIONALISM

All questions should be answered and printed in black ink and in block capitals. Where confirming a statement as correct, please only place a 'X' in the box. All questions are mandatory unless stated otherwise. Please note that incorrectly completed or ineligible forms will be returned to the applicant for resubmission.

Due to the high level of incomplete or inaccurate CoP applications, individuals will now be advised by email that their application is unable to 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 MEMI	BER	C&E X	v&c X
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.	Firm name:			
j.	CoP Date You can choose the date that choosing a date:	you wish your CoP to commence. However, please note the following guidelines when		
		n by the applicant or nominee, the CoP will be dated as the date of issue.		
	 Please use United Kingdor 	m dating convention (eg, please use day/month/year, instead of month/day/year,		
	such as 01/04/2015 for 1 A I want my CoP start date to be		CPD year	end date
			CPD result	:



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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 achiever your qualification(s). Verifiable evidence will usually constitute a certified copy of your qualification certificate (a your certificate signed or stamped by your compliance department), but can be other forms of evidence of achiever provided by the examination provider, where a certificate is not issued.	copy of			
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				
CP	D 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 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				
l co	onfirm that I understand and will fully comply with the CISI Code of Conduct				
cisi	i.org/code				
			(Chec	ked by



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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 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		

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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				



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Payment by Ch `Account Payee	neque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed e only'.		
American Expre complete the in Forms may then	rd: The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – ess, Delta, Eurocard, MasterCard, Switch and Visa. If you would prefer to make your payment by card, please formation requested below, then fill out your cardholder details. In be faxed or posted to the Chartered Institute for Securities & Investment. If submitting the original form by g 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 issi	ue no: Security code: Security code:		
* If you do not w	ish to send your credit card information via the post, please contact Customer Support Centre on +44 20 7645 0777		
Cardholder's na	ame (of authoriser:		
Cardholder's ac	idress:		
	Telephone:		
Print name			
Signature	Date		
Office use only			
C&E	Name Date		
V&C	Name Date		
Please return th	nis form with all required accompanying evidence:		
by email: profe	ssionalism@cisi.org		
by post: CoP Ap	pplications Department, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY		