

# CFP™ Certification Application Form

All questions to be answered and printed in ink and in block capitals.

1. I would like to apply to be: CERTIFIED FINANCIAL PLANNER™ Professional

CISI Candidate/Membership number (if applicable) \_\_\_\_\_ FCA Number (if applicable) \_\_\_\_\_

CFP™ Certification ©2018

**2. Personal details**

Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Private address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Former name(s) if any \_\_\_\_\_

**3. Work details**

Firm name \_\_\_\_\_

Job title \_\_\_\_\_

Department \_\_\_\_\_

Firm address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Direct tel. \_\_\_\_\_

Direct fax. \_\_\_\_\_

Email \_\_\_\_\_

**4. Qualifications**

I have passed the Diploma in Financial Planning

**5. CFP™ Professionals**

**CPD Declaration**

I confirm I have completed  hrs CPD in the last 12 months and I have supplied written evidence of relevant CPD with this application  Yes  No

**6. Disciplinary History**

Have you been the subject of any complaints (as defined by the FCA) in the past five years?  Yes  No

Have you ever been convicted of a criminal offence or been a defendant in criminal proceedings?  Yes  No

if you have had a complaint in the last 12 months then please provide further information to include:

- A brief summary of the complaint
- If the complaint was upheld
- If there was a settlement agreed with the client
- If the complaint was reported to the FOS
- If the FOS upheld the complaint or if the complaint is still pending

*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.*

**7. Work experience** *You must be able to tick yes to one of the below to be eligible*

I have one year's supervised Financial Planning experience (please provide details)  Yes  No

I have three years' unsupervised Financial Planning experience (please provide details)  Yes  No

*Details of work experience (must be completed). If more space is required, please continue on a separate sheet and attach to this application*

| Employer | Position/Responsibility | From/To | Supervised (Y/N) |
|----------|-------------------------|---------|------------------|
|          |                         |         |                  |
|          |                         |         |                  |
|          |                         |         |                  |

### 8. Declaration

1. I have not been adjudged bankrupt or insolvent or compounded with my creditors and I am not currently or have been subject to disciplinary procedures by the FCA, other regulator or any professional body within the past five years.
2. 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.
3. I agree to maintain competence through CPD by completing 35 hours CPD with a minimum of 21 hours being structured annually.
4. I agree to adhere to the marks usage guidelines for the CFP™ marks and other member designations, and understand that non-compliance with any of the above can trigger disciplinary action, and I understand that the CISI has the right to refuse and revoke my right to use the CFP™ mark and other designations where applicable.

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

Date: \_\_\_\_\_

### 9a. Payment (Please complete as appropriate)

The fee is payable at the time of application - £58

#### Payment by firm:

I authorise payment to be invoiced to our general account:

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

Signed: \_\_\_\_\_

Firm reference:

#### Payment by cheque:

Cheques should be made payable to:

'Chartered Institute for Securities & Investment'

and crossed 'Account Payee only'.  Cheque attached

#### Payment by Card:

I wish to pay by: **American Express/Delta/Eurocard/MasterCard/Maestro/Visa** (Delete as applicable)

I authorise you to debit my account with the amount of  including joining fee where applicable

Card number:                Security code.:     \*

Expiry date: \_\_\_/\_\_\_/\_\_\_ Maestro/AMEX issue date: \_\_\_/\_\_\_/\_\_\_ Maestro only issue No: \_\_\_\_\_

\* If you do not wish to send your credit card information via the post, please contact customer support - Telephone +44 20 7645 0777

Card holder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

### 9b. Future Payment


I wish to pay my CFP™ fee with my membership renewal

My firm will pay my CFP™ fee with my membership renewal

Please return your application form to:

### CFP™ Certification

Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY  
or scan and email a copy to [cfp@cisi.org](mailto:cfp@cisi.org)

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