CFP™ Certification Renewal Form

You can complete this form electronically and sign with your electronic signature

CISI
CHARTERED INSTITUTE FOR SECURITIES & INVESTMENT

1. I would like to renew as a CERTIFIED FINANCIAL PLANNER™ Professional ☐

CISI Candidate/Membership number (if applicable) _____ FCA Number (if applicable) _____

CFP™ Certification ©2026

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. CFP™ Professionals

CPD Declaration

I confirm I have completed 35 hours CPD in the last 12 months which is recorded on the CISI CPD scheme. ☐

6. Disciplinary History

Have you been the subject of any complaints (as defined by the FCA) in the past 12 months? ☐ Yes ☐ No

If Yes, please could you provide the following information with your application form
- 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.

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

Have you ever entered an Individual Voluntary Agreement (IVA) or equivalent agreement with your creditors or been adjudged bankrupt or insolvent or compounded with your creditors? ☐ Yes ☐ No

Have you ever been subject to disciplinary proceedings by the FCA, other regulator or any professional body? ☐ Yes ☐ No

Have you ever been subject to a disciplinary investigation by your firm that has led to disciplinary action being taken against you? ☐ 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.

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 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 and should this happen I agree that I will stop using the CFP marks.
3. I agree to maintain competence through CPD by completing 35 hours CPD with a minimum of 21 hours being structured annually.
4. I understand that by holding the CFP™ certification that my personal data will be shared with the Financial Planning Standards Board Ltd.

Signature:

Name in full: Date:

Please send your CFP Renewal form to **cfp@cisi.org**

CFP™, CERTIFIED FINANCIAL PLANNER™ and CFP™ are certification marks owned outside the U.S. by Financial Planning Standards Board Ltd. Chartered Institute for Securities & Investment is the marks licensing authority for the CFP marks in the United Kingdom, through agreement with FPSB.

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.
The CISI reserves the right to refuse applications where information supplied is found to be false