Tel. (include country and local code):

Email:



## Chartered Fellow (Financial Planning) Application Form All questions to be answered and printed in ink and in block capitals CISI Customer/Membership Number: 1. I wish to apply for Chartered Fellow (Financial Planning) membership in accordance with the **Membership Regulations** 2. Personal Details Title\*: First Name(s)\*: Last Name(s)\*: Home Address\*: Postcode\*: Tel. (include country and local code): Mobile: Email:\* Date of Birth\*: Former Name(s) if any: \*mandatory field 3. Work Details Firm Name: Job Title: Department: Firm Address: Postcode:

Correspondence to be delivered to:
5. Statement of eligibility
<ul> <li>I have passed the Level 7 Diploma in Advanced Financial Planning qualification and hold the CERTIFIED FINANCIAL PLANNER™ Certification.</li> </ul>
Please select one option:
• I am a CISI Chartered Fellow
I have logged 3 full consecutive years' CPD as a CISI Member or Chartered Member or;
• I have logged 3 years CPD as a personally Chartered member of a relevant Chartered Body* and 1 year' CPD as a CISI Member or Chartered Member or;
• I have logged 2 years CPD as a personally Chartered member of a relevant Chartered Body* and 2 years' CPD as a CISI Member or Chartered Member.
* Must be recorded CPD as a personally Chartered member of a relevant Chartered Body (the list of those we accept is available in the Chartered Fellow (Financial Planning) FAQs). The CPD used must have been logged in the consecutive years immediately preceding your CISI membership. You will need to provide written confirmation of your relevant membership history with the relevant Chartered Body, this should be included with your application.
6. Disciplinary History (tick one)
a) I have been convicted of a criminal offence.
Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Bar Service (DBS) check.
b) I have entered an Individual Voluntary Agreement (IVA) or equivalent agreement with my creditors or have been adjudged bankrupt or insolvent or compounded with my creditors. Yes No
c) I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years.
d) I have been subject to a disciplinary investigation by my firm that has led to disciplinary action being taken against me.  Yes No
Please provide details with your application if you have responded Yes to any of the above.
7. Declaration
1. 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 am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
3. I know of no reason why I should not become a member.
Signature
Signature: Date: / / / / Date:
Name in full:

4. Contact Information (tick one)

## 8. Payment Please complete as appropriate The fee is £55 plus the difference in annual subscription between your current subscription fee and the category of membership for which you are applying. The application fee and subscription is payable at the time of application processing. Thereafter, subscriptions are due annually on 1 April, and may be paid by direct debit. CISI Member to Chartered Fellow (Financial Planning) - £80

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Chartered Member to Chartered Fellow (Financial Planning) - £80
Chartered Fellow to Chartered Fellow (Financial Planning) - Free of charge
(There is no pro-rata arrangement)
Please note that any outstanding subscription due for the current year must be paid before processing.
Who will pay the annual subscription? *
Firm
Self
Payment by Firm:
Firm reference:
I authorise payment for membership to be invoiced to our general account:
Print name:
Department: USUS USUS USUS USUS USUS USUS USUS US
Address:
Signed: HR Department:
Payment by Cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'.
Cheque attached
Payment by Card:
Please contact:
Me L
Other
by telephone/email* to make payment on my behalf.
Telephone number:
Email address:
*If you have selected via email you will receive a payment link from customersupport@cisi.org to complete.
Name:

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

Signature: