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2. 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 Accredited firm 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. 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

3. 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.

4. CISI CODE OF CONDUCT

I confirm that I understand and will fully comply with the CISI Code of Conduct cisi.org/code

5. DISCIPLINARY HISTORY

a. Are you currently subject to disciplinary investigation, that has lead to actions or sanctions by your firm, a regulator, the CISI or any other organisation?

Yes No

(If no, please proceed to section 7).

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



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6. 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in relation to any aspect of this CoP application then this may result in the CoP not being issued or subsequently withdrawn.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I understand that if issued with a CoP, this will remain the property of the CISI and can be withdrawn at any time upon request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

7. 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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8. CoP PAYMENT

a. CISI Members

I or my firm are paying for my CoP on renewal, £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 Cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. *Cheque attached*

Payment by Card: The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – **American Express, Delta, Eurocard, MasterCard, Switch and Visa.** If you would prefer to make your payment by card, please complete the information requested below, then fill out your cardholder details.

Forms may then be faxed or posted to the Chartered Institute for Securities & Investment. If submitting the original form by post after having 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 issue no:

Security code: *

**If you do not wish to send your credit card information via the post, please contact Customer Support Centre on +44 20 7645 0777*

Cardholder's name (of authoriser:

Cardholder's address:

Telephone:

Print name _____

Signature _____

Date _____

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V&C Name Date

Please return this form with all required accompanying evidence:

by email: professionalism@cisi.org

by post: CoP Applications Department, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY