

Membership Upgrade Form

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

CISI Candidate/Membership number _____



I wish to apply to upgrade my membership in accordance with the Membership Regulations (please tick)

Associate (ACSI) Full Member (MCSI) (Details of upgrade criteria can be found on our website cisi.org/membership)

CISI MU ©2017 version 1

1. Personal details Title _____ First name(s) _____ Surname _____ Private address _____ _____ Postcode _____ Tel. _____ Mobile _____ Email _____ Date of birth _____ Nationality _____ Former name(s) if any _____	2. Work details Firm name _____ Job title _____ Department _____ Firm address _____ _____ Postcode _____ Direct tel. _____ Direct fax. _____ Email _____
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3. Qualifications (list qualifications applicable to upgrade only)	Achieved
a) CISI/SII Qualifications	_____
b) Other Professional Qualifications *	_____
c) Highest Academic Qualification	_____

* if applicable please attach a certified copy of the pass certificates

4a. Which sector do you regard yourself working in?
Wholesale Retail Other please specify _____

4b. What area of business do you work in?
Back Office (Operations) Front Office (Client facing) Middle Office
Other please specify _____

4c. What is your job role?
Accountant Corporate Finance Regulation/Compliance Legal IT Sales Paraplanner
HR/Training Risk/Audit Consultant Operations IFA Stockbroker Trader
Marketing Private Banker Analyst Institutional Fund Management Financial Planner
Discretionary Management Wealth Manager Investment Manager Fund Management

4d. Are you a member of another professional body?
ACCA ACIB ACIS ACMA CFA ICAS CA CII CIOBS CIMA CIPD Law Society
ICAEW Other Accountancy Body STEP Other please specify _____

4e. Would you be interested in attending any of the following free Professional Forum events in central London?
Bond Compliance Corporate Finance European Regulation
Financial Technology Operations Risk Wealth Management IFP (Financial Planning)

5. Contact information (tick one)
Correspondence to be delivered to: Work Home
Who will pay annual subscription? Firm Self
If firm, please provide the following information: Contact name: _____
Dept: _____ Cost centre: _____
Address (if different from above): _____

6. Disciplinary history (tick one)

I have been convicted of a criminal offence

Yes No

I have been adjudged bankrupt or insolvent or compounded with my creditors.

Yes No I have been subject to disciplinary proceedings by the FCA,
other regulator or any professional body within the past five years.Yes No

Please provide details with your application if you have responded Yes to any of the above.

7. Declaration

- I apply to become a member of the Chartered Institute for Securities & Investment and 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
- 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.
- If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
- I know of no reason why I should not become a member
- I agree that my name and company can appear on the CISI members register

Signature: _____

Name in full: _____

8. Payment (Please complete as appropriate)

The upgrade fee is £50, plus the difference in annual subscription between your current subscription fee and the category of Membership for which you are applying. The upgrade fee and subscription fee are payable at the time of upgrade. **Thereafter, subscriptions are due annually on 1st April.**

I would like to upgrade from ACSI to MCSI £105 Affiliate to MCSI £105 Affiliate to ACSI £50Total Paid

(There is no pro-rata arrangement)

Receipt required

Please note that no upgrades can be processed where there is an outstanding subscription due for the current year.

Payment by firm:

I authorise payment for membership to be invoiced to our general account:

Print name: _____

Signed: _____ HR department

Payment by cheque:

Cheques should be made payable to:

'Chartered Institute for Securities & Investment Ltd' and crossed 'Account Payee only'.

 Cheque attachedFirm reference: **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**Please Note:** There is no fee for Visa Debit or Delta cards.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 (0)20 7645 0777

Card holder's name: _____

Signature: _____

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

For office use only

Date received: _____

Membership No: _____

Date processed: _____

Membership Official Initials: _____

Notes: _____

Please post, fax or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY Fax: +44 20 7645 0601
Any questions? applications@cisi.org / +44 20 7645 0777