Membership Application Form

All answers to be printed in ink and in block capitals.

1. Which type of Membership are you applying for?  Affiliate  Associate (ACSI)  Full Member (MCSI)

CISI Candidate/Membership number (if applicable)  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  FCA Number (if applicable)  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Please note there are other application forms for upgrades and Individual Charter.
(Details of these and all admission criteria can be found at cisi.org/membership)

2. Personal details

<table>
<thead>
<tr>
<th>Title</th>
<th>First name(s)</th>
<th>Last name</th>
<th>Home address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Postcode

Tel. (include country and local code)

Mobile

Email

Date of birth DD/MM/YYYY

Former name(s) if any

3. Work details

<table>
<thead>
<tr>
<th>Firm name</th>
<th>Job title</th>
<th>Department</th>
<th>Firm address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Postcode

Tel. (include country and local code)

Email

4. IntegrityMatters

Obtaining a pass in the CISI’s IntegrityMatters is a requirement for MCSI, ACSI and Affiliate membership.
For more information please go to cisi.org/integritymatters

I have passed the IntegrityMatters test  [ ]

I will pass IntegrityMatters to activate my membership  [ ]

5. Qualifications

- If applying on the basis of non-CISI qualifications please provide details (attach a certified copy of the pass certificates)

A full list of qualifications recognised from other professional bodies can be found on our website.

6. Communications Preferences

Please tell us what information you would like to be contacted about

Additional Events:  Training Courses  [ ]  Conferences  [ ]  Branch Dinners  [ ]

Other:  Research Surveys  [ ]  Jobs Online  [ ]

Professional Forums and Interest Groups events in London:

- Bond  [ ]  Compliance  [ ]  Corporate Finance  [ ]  International Regulation  [ ]  Financial Planning  [ ]  FinTech  [ ]  Operations  [ ]
- Risk  [ ]  Wealth Management  [ ]  Young Professionals  [ ]  Training and Competence  [ ]  Paraplanner  [ ]

Study:  Qualifications Bulletin  [ ]  New Qualifications and Pathways  [ ]  Revision Tools  [ ]

Telephone Communications:  Membership  [ ]  Qualifications  [ ]  Events  [ ]

Your Membership:  Membership Upgrades  [ ]  CPD, Networking and Social Events  [ ]  Online Learning  [ ]  Member Survey  [ ]

The Review Digital Articles  [ ]  The Review Print Magazine  [ ]  Member Updates and News  [ ]

Membership Directory:  Opt in Membership Directory  [ ]
7. 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): ________________________________

8. Disciplinary history (tick one)
I have been convicted of a criminal offence  Yes  □  No  □
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.
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.

9. Declaration
1. On applying to become a member of the Chartered Institute for Securities & Investment I agree to abide by the Royal Charter, Byelaws, 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. 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.
4. I know of no reason why I should not become a member

Signature: ________________________________
Date: DD/MM/YYYY
Name in full: ________________________________

10. Payment (Please complete as appropriate)
The joining fee and subscription are payable at the time of application. Thereafter, subscriptions are due annually on 1st April.
The membership fee is payable on a pro-rata basis at any stage of the year. Please ensure that you pay the correct fee for the time of year you are joining. Add this to the joining fee to give the total amount due.

<table>
<thead>
<tr>
<th>Plan</th>
<th>(April - June)</th>
<th>(July - Sept)</th>
<th>(Oct - Dec)</th>
<th>(Jan - March)</th>
<th>Joining Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliate</td>
<td>£140</td>
<td>£105</td>
<td>£70</td>
<td>£175*</td>
<td>£33</td>
</tr>
<tr>
<td>ACSI</td>
<td>£140</td>
<td>£105</td>
<td>£70</td>
<td>£175*</td>
<td>£33</td>
</tr>
<tr>
<td>MCSI</td>
<td>£202</td>
<td>£152</td>
<td>£101</td>
<td>£253*</td>
<td>£55</td>
</tr>
</tbody>
</table>

Total (must include joining fee) ( must include joining fee) Revenue required

Payment by firm:
I authorise payment 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’ 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

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 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.

Please post or email this form to:
Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY
Any questions? applications@cisi.org / +44 20 7645 0777