



CISI APPLICATION FORM FOR BAILIWICK OF GUERNSEY INITIAL STATEMENT OF PROFESSIONAL STANDING (SPS)

All questions are mandatory unless stated otherwise. If completing the application form by hand, please note that all questions answered must be printed in ink and in block capitals. Where confirming a statement as correct, please only place a 'X' in the box. Please note that incorrectly completed or ineligible forms will be returned to the applicant for resubmission. Statements of Professional Standing are available only as part of the requirements of The Licensees (Conduct of Business) Rules 2014 or The Insurance Intermediaries (Conduct of Business) Rules 2014 ("COB Rules").

Due to the high level of incomplete or inaccurate SPS applications, individuals will now be advised by email if their application cannot be processed and will be given **three** days to supply the missing documentation. Regrettably, if this information is not received by the end of the third day, the application will be returned, unprocessed.

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1. PERSONAL DETAILS OF FINANCIAL ADVISER

a. CISI Customer number:

b. CISI Membership number:

c. Title:

d. First name(s):

e. Middle name(s):

f. Surname:

g. Date of birth:

h. Email:

C&E X **v&c X**

i. Please place a **cross** in relevant boxes below:

I am a Financial Adviser of an investment licensee licensed for the activity of advising and I work within the following specialist areas:

Securities (includes Collective Investment Schemes)

Derivatives

I am a Financial Adviser of a licensed insurance intermediary and I work within the following specialist area:

Collective Investment Schemes & Long Term Insurance Business

j. I am a Financial Adviser as defined by the Guernsey Financial Services Commission (GFSC). I have been authorised as a Financial Adviser by my employer to give advice to retail clients and am currently working within the retail financial sector, and as such am eligible for an SPS.

k. Licensee name:

GFSC reference:

Please place a **cross** in the box below to confirm that the Licensee has completed Section 7 of the Licensees Verification.

Please note applications not verified by the nominated Licensee will not be processed. Details on SPS verification can be found at cisi.org/spsgsy.

l. SPS Date

You can choose the date that you wish your SPS to commence. However, please note the following guidelines when choosing a date:

- Where a date is not chosen by the applicant or nominee, the SPS will be dated as the date of issue.
- Please use United Kingdom dating convention (eg, please use day/month/year, instead of month/day/year, such as 01/04/2018 for 1 April 2018).

I want my SPS start date to be the following date

CPD year end date

CPD result



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2. QUALIFICATION AND GAP-FILL REQUIREMENTS

a I have completed a fully-compliant qualification (eg, the IAD), that does **not** require gap-fill

<input type="checkbox"/>	<input type="checkbox"/>
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I have completed a relevant qualification that requires gap-fill to be undertaken and have attached my gap-fill to my CPD log or this application

<input type="checkbox"/>	<input type="checkbox"/>
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Please note: Evidence of CISI qualification achievement does not need to be attached.

If you have achieved a qualification with another body, please attach verifiable evidence of achievement of your acceptable qualification for financial advisers. Verifiable evidence will usually constitute a certified copy of your qualification certificate (a copy of your certificate signed or stamped by your compliance department), but can be other forms of evidence of achievement provided by the examination provider, where a certificate is not issued.

b Advisers who work within Collective Investment Schemes and Long-Term Insurance Business (1i) must complete the section below:

I am a Financial Adviser of a licensed insurance intermediary

<input type="checkbox"/>	<input type="checkbox"/>
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I hold the Guernsey Insurance Certificate (GIC) and I have attached a certified copy of my GIC to my SPS application

<input type="checkbox"/>	<input type="checkbox"/>
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Gap-fill completed

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Checked by

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3. CPD REQUIREMENTS FOR FINANCIAL ADVISERS

CPD is a mandatory requirement for financial advisers but there are exceptions. Please see the CISI guidance at cisi.org/guernseyrdp for more information.

a. Please place a **cross** in one of the boxes below:

I confirm I have met the CPD requirements in full, and I am applying for a standard SPS

<input type="checkbox"/>	<input type="checkbox"/>
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I have not met the CPD requirements in full, with the agreement of my employer, due to extenuating circumstances.

<input type="checkbox"/>	<input type="checkbox"/>
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I am a newly qualified financial adviser and have opted not to meet the full CPD requirement, with the agreement of my employer.

<input type="checkbox"/>	<input type="checkbox"/>
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c. Please place a **cross** in the box below as appropriate:

My CPD has been completed within the year of the submission of my application

<input type="checkbox"/>	<input type="checkbox"/>
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d. CPD Declaration

I can confirm that if selected for CPD audit I will cooperate fully with the CISI and meet the CISI audit requirements.

<input type="checkbox"/>	<input type="checkbox"/>
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4. CISI CODE OF CONDUCT

I confirm that I understand and will fully comply with the CISI Code of Conduct

<input type="checkbox"/>	<input type="checkbox"/>
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5. DISCIPLINARY HISTORY

a. I have been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body. Yes No

(if this has occurred please provide details of the relevant Accredited Body and the reason provided for the SPS application being denied or the SPS being suspended or withdrawn to policy@cisi.org quoting your name and customer number)

b. Have you been subject to disciplinary investigation, that has lead to disciplinary actions or sanctions by your firm, a regulator, the CISI, any other Accredited Body or any other organisation that you have not previously declared to the CISI?

Yes No

(If you have answered no to the above two questions, please proceed to section 7)

(if this has occurred, please provide details to policy@cisi.org quoting your name and customer number)

6. DECLARATION

This section **must** be completed by the financial adviser for whom an SPS 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 SPS application then this may result in the SPS not being issued or subsequently withdrawn.

I agree to the CISI sharing and obtaining information about my application and information which is relevant to my financial adviser status with the GFSC (and subsequent relevant regulators).

I understand that if issued with an SPS by the CISI, this is subject to passing a CPD audit if selected.

I understand that if issued with an SPS, 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 SPS terms and conditions above, and those available at cisi.org

Print name

Signature _____ Date _____

7. LICENSEE VERIFICATION

Licensees are required to verify their financial advisers' SPS applications. This needs to be completed by the nominated verifier. Under no circumstances should this section be completed by the financial adviser or anyone other than a CISI approved nominated verifier. Please note applications not verified by the nominated Licensee will not be processed. Details on SPS verification can be found at cisi.org/spsgsy.

I confirm that the information submitted by the financial adviser in the sections below 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



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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: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable

Please contact me or 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:

Signature: _____



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C&E Name Date

V&C Name Date

Please return this form with all required accompanying evidence:

by email: gsyspsapplications@cisi.org

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

Issued	Declined	Withdrawn