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m. Please detail the specialist areas you have added since your last SPS application

Securities (includes Collective Investment Schemes) [] Derivatives []
Collective Investment Schemes & Long Term Insurance Business []

[] []
[] []

n. Where required, have you undertaken and provided evidence of your qualification and / or gap-fill achievement to meet the requirements of the added specialist areas?

Please place a cross in one of the boxes below

Yes, via the CISI CPD and gap-fill log []

Yes, I've attached the evidence to this application []

[] []
[] []
[] []

o. Was your previous SPS issued by an accredited body other than the CISI? Yes [] No []

If yes, please attach a certified copy of your SPS.

2. 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/guernseydr for more information.

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

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

I have not met the CPD requirements in full, with the agreement of my employer, due to extenuating circumstances. []

[] []
[] []

b. Please place a cross in the box below as appropriate:

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

[] []

c. CPD Declaration

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

[] []

CPD year end date

[]

CPD result

[]

3. CISI CODE OF CONDUCT

I confirm that I understand and will fully comply with the CISI Code of Conduct over the following 12-months. []

[] []

4. DISCIPLINARY HISTORY

a. I have been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body.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

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the relevant Accredited Body and the reason provided for the SPS application being denied or the SPS being suspended or withdrawn to policy@cisi.org quoting your name and customer number)



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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 answered no to both of the above questions, please proceed to section 7

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

5. 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 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.

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 _____

6. 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 applicant is currently authorised as a financial adviser and 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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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 St, London EC3M 3BY

Issued	Declined	Withdrawn