





**3. 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 currently or 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.

**4. Declaration**

1. 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
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
5. I confirm that I am currently working within the Financial Planning sector.

Signature: \_\_\_\_\_ Name in full: \_\_\_\_\_

**5. Payment** (Please complete as appropriate)

The fee is payable at the time of application - £30

**Payment by firm:**

I authorise payment to be invoiced to our general account:  
 Print name: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Firm reference:

**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

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: \_\_\_\_\_

Please return your application form to:

**Chartered Wealth Manager**  
 Chartered Institute for Securities & Investment  
 20 Fenchurch Street, London EC3M 3BY

or scan and email a copy to:

**charteredwealthmanager@cisi.org**