



CISI CHARTERED WEALTH MANAGER APPLICATION FORM FOR CFPTM HOLDERS

All questions to be answered and printed in ink and in block capitals. All questions are mandatory unless stated otherwise.

1. PERSONAL DETAILS

a. CISI Membership number :

b. CISI Candidate number:

c. Title:

d. First and middle name(s):

e. Surname:

f. Date of birth: / /

2. CHARTERED WEALTH MANAGER


If you have met the following criteria you can obtain Chartered Wealth Manager. You must:

- hold the CERTIFIED FINANCIAL PLANNER certification (CFPTM)
- be a Chartered Fellow or Chartered Member of the CISI
- have a pass in the CISI IntegrityMatters
- have passed the CPD requirements under the IFP in your most recent CPD year

For more details on the Chartered Wealth Manager please visit cisi.org/charteredwealthmanager

Print name _____ Date _____

Signature _____ Date _____

CFPTM, CERTIFIED FINANCIAL PLANNERTM and  are certification marks owned outside the U.S. by Financial Planning Standards Board Ltd. Chartered Institute for Securities & Investment is the marks licensing authority for the CFP marks in the United Kingdom, through agreement with FPSB.

For office use only

Date received: _____ Membership No: _____

Date processed: _____ Membership Official Initials: _____

Notes: _____



3. 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.

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 agree that my name and company can appear on the CISI members register
6. 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

Please note: A credit card fee of 2% of the total order price will apply to all purchases made with a credit card. There will be no fee for Visa Debit or Delta cards.

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