



CISI APPLICATION FORM FOR ISLE OF MAN 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 Retail Distribution Review (RDR) requirements.

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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C&E X V&C X

1. PERSONAL DETAILS OF ADVISER

a. CISI Membership number :

b. CISI Customer number:

c. Title:

d. First name(s):

e. Middle name(s):

f. Surname:

g. Date of birth:

h. Email:

i. Please place a **cross** in the relevant boxes below: I work within the following specialist areas:

Securities Derivatives Retail Investment Products and friendly society tax-exempt policies

j. Firm name:

k. SPS Date

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

- It is strongly recommended that your SPS start date is dated between two to three months after the end of your CPD year. This will allow you time to complete your 35 hours CPD and for the CISI to process your application, which can take up to two months.
- Your SPS must always be dated within three months of your CPD year ending, to ensure the CPD undertaken is current.
- 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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

CPD year end date

CPD result



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2. RDR QUALIFICATION AND GAP-FILL REQUIREMENTS

a If your qualifications and gap-fill compliance has already been verified please place a cross in the relevant box below and proceed to section 3

The CISI has previously confirmed I have met the RDR qualification and gap-fill requirements

I have had my qualifications and gap-fill verified by another FSA-recognised Accredited Body, who have confirmed that I have met the RDR qualifications and gap-fill requirements. I have attached verifiable evidence of the Accredited Body confirmation that I have met this aspect of the RDR requirements

b Qualification and gap-fill confirmation

I have completed a fully RDR compliant qualification, that does not require gap-fill (Some RDR qualifications, such as the IAD, do not require any gap-fill to be undertaken. Please proceed to section 3 if this is the case).

I have completed a RDR relevant qualification that requires gap-fill to be undertaken to meet the full RDR examination requirements

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 RDR-relevant qualification(s). 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.

c Please read the following statement and then confirm by placing a cross in the relevant box below

I have undertaken the required RDR gap-fill for my qualification(s) and have verifiable evidence of the activity I have undertaken. The gap-fill provided was undertaken using Structured Learning / Structured CPD.

I have submitted my RDR qualifications and gap-fill for verification via the CISI CPD log (CISI/SII and LSE qualification holders only)

I have attached my RDR qualifications and gap-fill submission to this application

Gap-fill completed

3. CPD REQUIREMENTS

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

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

I confirm I have met the CPD requirements in full.

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

My CPD year closed or closes within three months of this application being submitted

c. CPD Declaration

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

Checked by



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4. CISI CODE OF CONDUCT

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

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 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 I have successfully undertaken a Fitness and Propriety assessment by the Isle of Man Financial Services Authority and I am a Financial Adviser who will be providing investment advice to retail clients.

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 SPS status with the regulator.

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/rdrspapplication

Print name

Signature _____

Date



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| | | |
|-----|------|------|
| C&E | Name | Date |
| V&C | Name | Date |

C&E X V&C X

Please return this form with all required accompanying evidence:

by email: iomspapplications@cisi.org

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

| Issued | Declined | Withdrawn |
|--------|----------|-----------|
| | | |