



CISI APPLICATION FORM FOR ISLE OF MAN 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 to Retail Investment Advisers.

If the application is incomplete or inaccurate, individuals will now be advised by email if their application cannot be processed and will be given five days to supply the missing documentation. Regrettably, if this information is not received by the end of the fifth day, the application will be declined.

1. Which type of Isle of Man SPS Certificate are you applying for?

- ☐ a. Initial (I have not previously held an SPS certificate with CISI or any other professional body)
- ☐ b. Renewal (Please also tick the appropriate box below)
- ☐ I have previously held an SPS certificate with CISI
- ☐ I have previously held an SPS certificate with another professional body

2. Personal details of adviser

- a. CISI Customer & Membership number: _____ & _____
- b. First name(s): _____
- c. Middle name(s): _____
- d. Surname: _____
- e. Former name(s) if applicable: _____
- f. Date of birth: ____ / ____ / ____
- g. Preferred Contact Email: _____

In order to obtain an SPS with the CISI you must be at least an Affiliate member.

4. Specialist Areas

a. Please issue my SPS for the following areas:

- ☐ Securities
- ☐ Derivatives
- ☐ Retail investment products and friendly society tax-exempt policies

b. If your previous SPS was not issued by the CISI, please attach certified evidence of your RDR qualification and Gap-fill

(please note, you do not need to attach evidence for CISI qualifications)

CISI OFFICE USE ONLY
(Initial applications)
Date Qualifications
achieved: ____ / ____ / ____

3. Statement of Professional Standing Information

a. Please provide the below information:

i. Firm name: _____

Please tick from the below:

ii. I confirm that I have successfully undertaken a Fitness and Propriety assessment by the Isle of Man Financial Services ☐

iii. I wish my SPS to be renewed the day after my current SPS expires (Applicable to Renewal applicants only) ☐

SPS Date

(When a date is not chosen by the applicant, the SPS start date will be the date we receive the application)

I want my SPS to start ____ / ____ / ____

If there is a gap between your previous SPS certificate and your application please provide a reason for this below (i.e. Statutory leave, career break, change of employment position).

5. CPD Requirements

CPD is a mandatory requirement for advisers with no exceptions. Please see the CISI guidance at [cisi.org/rdr](https://www.cisi.org/rdr) for more information.

I can confirm I have met the 35-hour CPD requirement in full and this is logged on the CISI's CPD system

My CPD year ended (or ends) within three months of my SPS start date

(If your CPD year does not end within 3 months prior to your SPS start date, we will realign your CPD year to a date that best suits.)

If you have a CPD year start date which you would prefer please provide this here ____ / ____ / ____

Office use only - Application Review (Page 1)

☐ Process ☐ Issue

6. Disciplinary History

a. Have you been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body?

☐ Yes ☐ No

(If you answered yes, please provide details including the relevant Accredited Body and the reason for the SPS's denial, suspension or withdrawal to standards@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

c. Have you been convicted of a criminal offence?

☐ Yes ☐ No

(Please note that you do not need to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974, or protected convictions that are filtered from a standard or enhanced Disclosure and Barring Service (DBS) check.)

7. Declaration (to be completed by adviser)

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

Print name:

Signature:

Date: / /

8. Firm Verification

The CISI encourages firms to verify their advisers' SPS applications. This section needs to be completed by the nominated firm verifier. If your application is not being verified by your firm's verifier, please proceed to section 9. Under no circumstances should this section be completed by the adviser or anyone other than a CISI-approved verifier.

I confirm that the information submitted by the 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: / /

If your firm does not have an approved verifier, please contact spsapplications@cisi.org for further guidance.

9. Future SPS payment

Please tick one of the boxes below:

CISI Members

In future, I wish to pay for my SPS with my CISI membership subscription. In doing so I understand that payment must be made by 31 May on each year, otherwise the CISI will be unable to apply the SPS payment in advance discount

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In future, I wish my firm to pay for my SPS with my CISI membership subscription. In doing so I understand that payment must be made by 31 May each year, otherwise the CISI will be unable to apply the SPS payment in advance discount

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In future, I (or my firm) wish to continue to pay for my SPS on application

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☐ Process ☐ Issue

10. Payment (Please complete as appropriate)

a. Please tick the relevant boxes below for your application form:

Initial Application Fee

- ☐ I am paying for my SPS application fee of £54.00
- ☐ My firm are paying for my SPS application fee of £54.00 via invoice

Renewal Application Fee

- ☐ I or my firm have paid £26.00 in advance for my SPS with my CISI membership
- ☐ I or my firm are paying for my SPS on application for a total of £40.00

b. Payment by Invoice to firm *(this section must be completed by your firms finance contact)*

Contact name:

Purchase order no.:

Address:

I (finance contact) authorise payment to be invoiced to our general account:

Signature

Date: / /

Payment by Cheque: Cheques should be made payable to:

'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'.

- ☐
- Cheque attached

c. Payment by Card

The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – **American Express, Delta, Eurocard, MasterCard, Maestro and Visa**. If you would prefer to make your payment by card, please complete the information requested below:

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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Date Application Received:

Initial Review Signature: _____

Date / /

Final Review Signature:

Date / /

Notes:

Please post or email this form to:

Membership Operations Team, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY
spsapplications@cisi.org / +44 20 7645 0777