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m. Have changed your RDR specialist areas since your last SPS application?

Yes No

If no, please proceed to section 2. If yes, please answer 1n and 1o below

n. Please detail the RDR specialist areas you have added or removed since your last SPS application and attach the relevant evidence to this application

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

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

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

Accredited Body: SPS Expiry:

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



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2. RDR CPD REQUIREMENTS

CPD is a mandatory requirement for all SPS renewals.

a. I confirm I have met the RDR CPD requirements in full

I have opted-out of meeting the RDR CPD requirements due to statutory leave, with the agreement of my employer, and I am applying for a basic SPS

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

My CPD has been logged on the CISI CPD scheme

My CPD has been logged on my firm's CISI-accredited CPD scheme

c. My CPD year ended or ends within 92 days prior to this application being submitted (please note this is the CPD year end, not the grace period end)

d. CPD Audit Declaration

I confirm that if selected for CPD audit, I will cooperate fully with the CISI and provide a completed audit pack, which meets the CISI audit requirements, within 35 days

CPD year end date

CPD result

3. FCA REQUIREMENTS

I confirm that I understand and fully comply with the FCA APER requirements

I can confirm that I understand and have fully complied with the FCA COCON requirements (only applicable to advisers under the **Senior Managers/Certification Regime**)

4. CISI CODE OF CONDUCT

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



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5. DISCIPLINARY HISTORY

a. I have never been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body.

(If this has occurred please provide details of the relevant Accredited Body(ies) and the reasons provided for the SPS application being denied, or the SPS being suspended or withdrawn below)

b. Have you been subject to disciplinary investigation, actions or sanctions by your firm, a regulator, the CISI, any other Accredited Body or any other organisation that may impact upon your suitability for an SPS that you have not previously declared to the CISI?

Yes

No

(If no, please proceed to section 6).

If yes, please provide details here, or attach details to this application form.

c. I confirm my employer was notified of the disciplinary investigation (if the investigation was carried out by an organisation other than your firm).

d. I confirm the FCA was notified and / or is aware of the disciplinary investigation.

In your belief, does this disciplinary investigation, actions or sanctions affect your suitability to be issued with an SPS? (please provide details below)



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 am a Retail Investment Adviser as defined by the FCA and I currently work within the Financial Retail sector as defined by the RDR.

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 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 _____

7. FIRM VERIFICATION (mandatory for advisers under the Senior Managers/Certification Regime)

This section needs to be completed if this application has been verified by the nominated firm verifier. If your application is not being verified by your firm's verifier, please proceed to section 8. Under no circumstances should this section be completed by the adviser or a nominated adviser, or anyone other than a CISI-approved nominated verifier.

I confirm that the information submitted by the adviser is a true and accurate reflection after due enquiry and 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 for my firm



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8. SPS PAYMENT (please note there is a £25 administration fee for processing manual renewal applications)

Please place a cross in one of the boxes below:

a. CISI Members

I or my firm have paid £21 in advance for my SPS with my CISI membership and I am now paying the £25 administration fee

I or my firm are paying for my SPS on application, £35 plus £25 administration fee

b. Employees of CISI Corporate Supporters

I am paying for my SPS on application, £125 plus £25 administration fee

My firm has an account with the CISI and will pay for my SPS, £125 plus £25 administration fee

The £25 administration fee is waived for any applicant that is applying for a Basic SPS due to statutory leave or applicants where this option has been waived by the CISI due to extenuating circumstances.

c. All

If payment is by the firm, please provide the following information:

Contact name: [grid]

Authoriser's Department: [grid]

Purchase order no.: [grid]

Address:

[grid]

I authorise payment to be invoiced to our general account:

Signature

Date







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C&E Signature	Date
V&C Signature	Date

Please return this form with all required accompanying evidence:

by email: spsapplications@cisi.org

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