EXAM ENTRY FORM - CERTIFICATE IN PARAPLANNING

REGISTRATION FEE:
The registration fee is a single payment for every candidate taking an exam. Once the fee is paid in respect of a named candidate there is no repeat of this fee required, no matter how many times a candidate takes CISI exams, including other CISI qualifications.

The Registration Fee includes CISI student membership.

INSTRUCTIONS:
Please tick the items required in the boxes provided. Please fill out your personal details below. Payment can be made by payment card or by firm account.

Registration fee
Financial Planning & Advice
Taxation in the UK for Individuals and Trusts (including workbook)
Taxation in the UK for Individuals and Trusts (resit)

Notes
Please note, it is our policy to publish the names of successful qualification achievers.

Please tick here if you do not wish your name to be published: 

Please tick here if you do not wish to receive marketing from the CISI: 

You should email your completed booking form to fpexams@cisi.org

PERSONAL DETAILS: Please print in capitals
Surname: (Note 6) 
Forename(s):
Home address:
Home telephone:
Mobile:

CANDIDATE NUMBER: (Note 3)

ASSESSMENT FEES: (Note 4)

Employer-sponsored
or self-sponsored

EMPLOYMENT DETAILS: Please use Company Stamp if possible
Name of firm:
Firm’s address:
Position held:
Office telephone:
Email address:

Please indicate with a tick where you would like correspondence to be sent: 

Please photocopy this form to book for more than one candidate. Alternatively visit the CISI website to book online or download a form.
1. **STUDENT MEMBERSHIP**: For details of the benefits of student membership please visit cisi.org/mgrade

2. **WRITTEN EXAMS**: Written exam dates and locations are available on the CISI website: cisi.org

2a. **COMPUTER BASED TESTING EXAMINATIONS (CBT)**: The opening hours for UK venues only are available on the CISI website. Please note dates cannot be guaranteed as bookings are subject to availability. Early booking is advised. For a full list of CBT venues please consult the CISI website: cisi.org/cbtmaps.

3. **CANDIDATE NUMBER**: If you have previously taken CISI exams, please insert your candidate number. Otherwise, leave blank.

4. **EXAM FEES**: VAT is not applicable. If this form is more than 12 months old (see issue date on front, in bottom left hand corner), it is advisable to telephone or consult the website to check that the fees are current. Payment can be made by American Express, Delta, Eurocard, MasterCard, Visa Debit and Visa. Please complete the details below.

5. **CHANGE OF ADDRESS**: Please notify of any address change promptly.

6. **CHANGE OF NAME**: If you have changed your name since your last exam please send us a copy of the relevant documentation, eg, marriage certificate, marked for the attention of the Data Integrity Executive. Failure to submit the relevant documentation may result in refusal of entry to an exam or incorrect exam certificate being provided.

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**PAYMENT**: Please fill out the appropriate information

- **Account Firms**: [ ] Please invoice. Invoice recipient name: ___________________________ Job title: ___________________________

Payment by cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. [ ] Cheque attached

Payment by Card: The CISI accepts payment by American Express, Delta, Eurocard, MasterCard, Visa Debit and Visa. If you want to pay by card, please complete the information requested below. Forms may be faxed or posted. If submitting the original form after having sent it by fax, please tick this box to ensure you are not charged TWICE:

I wish to pay by *American Express/Delta/Eurocard/MasterCard/Visa Debit/Visa* *Delete as applicable*

I authorise you to debit my account with the amount of £____________________

Card number: ___________________________ Expiry date: ___________________________

Start date: ___________________________ AMEX issue date: ___________________________

Visa Debit only issue no: ___________________________ Security code: ___________________________

* If you do not wish to send your credit card information via the post, please contact our Customer Support Centre - Telephone +44 20 7645 0777

Cardholder’s name: (if different to that on previous page of this form)

Cardholder’s address: (if different to that on previous page of this form)

Cardholder’s signature: ___________________________ Telephone: ___________________________

**DECLARATION**:

The Institute reserves the right to publish exam results.

Candidate’s signature: ___________________________ Date: ___________________________

Unsigned forms and forms signed on behalf of candidates are NOT accepted.

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**Office use only :** Cheque No. : Order No. : Fee Payer : Purchase Order No. :

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Please send/fax both pages of this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Telephone: +44 20 7645 0777 Facsimile: +44 20 7645 0601 Email: customersupport@cisi.org

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