Exam entry form - Diploma in financial planning

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[1].

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.

	Exam Entry	Workbook	Exam Entry / Workbook / elearning (saver price)	1st Choice Exam Date (Note 2)	Exam Centre (Note 2)
Registration fee	☐ £58				
1. Financial Planning & Advice	☐ £291	☐ £87	☐ £388	..... / ..... / ..... AM/PM	
2. Case Study Material and elearning	☐ £100				
Case Study Assessment Fee	☐ £156				
Case Study Options – please select one	☐ Retirement Planning		☐ Estate Planning		

Eligibility*

Candidates sitting these exams must have one of the following:

1. RDR-compliant qualification (with gap-fill if necessary) ☐
2. A current and valid SPS ☐

* Please ensure you send evidence of your eligibility if you have not done this previously. This may be a copy (hard or soft) of your qualification certificate or current statement of professional standing.

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*

eg. Mr/Mrs/Miss/Ms

Surname: (Note 6) Title:

Forename(s):

Home address:

Postcode:

Home telephone: Date of birth: D D / M M / Y Y

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:

Postcode:

Position held:

Office telephone:

Email address:

Please indicate with a tick where you would like correspondence to be sent: ☐ Home ☐ Work ☐ Email

Please photocopy this form to book for more than one candidate. Alternatively visit the CISI website to book online or download a form.

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Notes & Payment Details

1. **STUDENT MEMBERSHIP:** For details of the benefits of student membership please visit **cisi.org/mgrade**
2. **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.

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 £_____ *(Please check whether you have included the registration fee if applicable)*

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)*

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

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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.

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

Please send/fax both pages of this form to:

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