

EXEMPTION, FEES AND EVIDENCE

I am applying for an exemption from the following module (please tick):

	Amount	Awarding Body	Year Awarded
Introduction to Securities & Investment <input type="checkbox"/>	£50		
UK Financial Regulation <input type="checkbox"/>	£50		
UK Regulation & Professional Integrity <input type="checkbox"/>	£50		
Local Regulatory Paper <input type="checkbox"/>	£50		
Investment, Risk and Taxation <input type="checkbox"/>	£50		
Taxation in the UK for individuals & Trusts <input type="checkbox"/>	£50		
Financial Markets <input type="checkbox"/>	£75		
Total			

I enclose the exemption fee and can confirm the following:

- a) I have enclosed certified copy of my certificate and/or learning statement
- b) Email sent directly from Awarding Body to **exemptions@cisi.org**

PAYMENT: Please fill out the appropriate information **Account Firms:** Please invoice.

Invoice recipient name: _____ Job title: _____ email: _____

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

Payment by Card: Chartered Institute for Securities & Investment accepts payment by certain types of payment card – **American Express, Delta, Eurocard, MasterCard, Switch and Visa.** If you would prefer to make your payment by card, please complete the information requested below, then fill out your cardholder details. Forms may then be faxed or posted to the Chartered Institute for Securities & Investment. If submitting the original form by post 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/Switch/Visa** *Delete as applicable

I authorise you to debit my account with the amount of £50/£75 (delete as applicable)

Card number:

Expiry date: Switch/AMEX issue date: Switch 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 on +44 (0)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)

Signature: Telephone:

DECLARATION: "I declare that the information I have supplied is complete and correct. In considering my application for exemption, I agree that I will comply with and be bound by the Memorandum and Articles of Association and Rules of the Chartered Institute for Securities & Investment which are or may be in force from time to time. I am happy for the Institute to confirm these details with the relevant issuing body."

Candidate's Signature **Date:**

Please complete and return to:

Exemptions Department, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY
or email: **exemptions@cisi.org**