

CFP™ Certification Application Form



You can complete this form electronically and sign with your electronic signature

1. I would like to apply to be: CERTIFIED FINANCIAL PLANNER™ Professional

CISI Candidate/Membership number (if applicable) _____ FCA Number (if applicable) _____

CFP™ Certification ©2026

2. Personal details

Title _____

First name(s) _____

Last name _____

Home address _____

Postcode _____

Tel. (include country and local code) _____

Mobile _____

Email _____

Date of birth DD/MM/YYYY _____

Former name(s) if any _____

3. Work details

Firm name _____

Job title _____

Department _____

Firm address _____

Postcode _____

Tel. (include country and local code) _____

Email _____

Please confirm if you currently work in the UK Yes No

4. Qualifications

I have passed the CISI Diploma in Financial Planning or the CISI Diploma in Advanced Financial Planning

5. CFP™ Professionals

CPD Declaration

I confirm I have completed 35 hrs CPD in the last 12 months and I have supplied written evidence of relevant CPD with this application Yes No

6. Disciplinary History

Have you been the subject of any complaints (as defined by the FCA) in the past 12 months? Yes No

If Yes, please could you provide the following information with your application form

- A brief summary of the complaint;
- If the complaint was upheld;
- If there was a settlement agreed with the client;
- If the complaint was reported to the FOS;
- If the FOS upheld the complaint or if the complaint is still pending.

Have you ever been convicted of a criminal offence or been a defendant in criminal proceedings? Yes No

Have you entered an Individual Voluntary Agreement (IVA) or equivalent agreement with your creditors or been adjudged bankrupt or insolvent or compounded with your creditors? Yes No

I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years. Yes No

I have been subject to a disciplinary investigation by my firm that has led to disciplinary action being taken against me. 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. Work experience You must be able to tick yes to one of the below to be eligible

I have one year's supervised Financial Planning experience (please provide details) Yes No

I have three years' unsupervised Financial Planning experience (please provide details) Yes No

Details of work experience (must be completed). If more space is required, please continue on a separate sheet and attach to this application

Employer	Position/Responsibility	From/To	Supervised (Y/N)

8. Declaration

1. As a member of the Chartered Institute for Securities & Investment I agree to abide by **the Royal Charter, Bye-laws, Regulations**, and to uphold its high standards as published in its **Professional Code** (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership.
2. I agree to maintain competence through CPD by completing 35 hours CPD with a minimum of 21 hours being structured annually.
3. I agree to adhere to the marks usage guidelines for the CFP™ marks and other member designations, and understand that non-compliance with any of the above can trigger disciplinary action, and I understand that the CISI has the right to refuse and revoke my right to use the CFP™ mark and other designations where applicable.
4. I understand that by holding the CFP™ certification that my personal data will be shared with the Financial Planning Standards Board Ltd, as outlined in the disclaimer at the bottom of this document.

Signature: _____

Name in full: _____

Date: _____

9a. Payment (Please complete as appropriate)

The CFP™ fee is payable at the time of application. **Thereafter the full yearly fee will be taken alongside your membership renewal payment, due annually on 1st April.** The CFP™ fee is payable on a pro-rata basis at any stage of the year. Please ensure that you pay the correct fee for the time of year you are joining:

Pro-Rata CFP™ Fees 2026/27	
April - June	£70
July - Sept	£52.50
Oct - Dec	£35
Jan - March	£87.50 (for new members joining alongside obtaining CFP™)
	£17.50 (for existing CISI members)

Payment by firm:

I authorise payment to be invoiced to our general account:

Print name: _____

Signed: _____

Firm reference:

Payment by Card: I wish to pay by card:

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: _____

Please send your CFP application form to cfp@cisi.org

Please return your application form to: **CFP™ Certification**

Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY or scan and email a copy to cfp@cisi.org

CFP™, CERTIFIED FINANCIAL PLANNER™ and  are certification marks owned outside the U.S by Financial Planning Standards Board Ltd ('FPSB').

Chartered Institute for Securities ('CISI') & Investment is the marks licencing authority for the CFP™ marks in the United Kingdom, through agreement with FPSB.

While holding your Certified Financial Planner™ certification, your personal data will be shared between CISI and FPSB once per year so that FPSB may maintain an accurate record of certificate holders in order to:

- verify and validate certifications;
- send necessary outbound communications relating to the CFP certification where CISI are unable to do so;
- validate and audit licence fees owed to FPSB by CISI;
- provide data to support management reporting, accounting activity, fraud detection, financial reporting and/or inform audits.

The personal data to be shared between CISI and FPSB will be limited to: your name, your preferred correspondence address, your preferred contact number, your preferred email address, your country of residence, your employer, and your CFP™ certification identification number. Any such data transfers are subject to binding data sharing agreements between CISI and FPSB, which limits usage of your personal data to the specified purposes only and requires the highest standard of organisational and technical security to protect the integrity and confidentiality of your personal data.

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.
The CISI reserves the right to refuse applications where information supplied is found to be false