

Accredited Paraplanner Application Form

All questions to be answered and printed in ink and in block capitals.

1. I would like to apply to be an Accredited Paraplanner

(Please note you do need to hold Associate membership or above to apply)

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

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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 _____

4. Qualifications

- a) I have passed the CISI Certificate in Paraplanning or a Level 4 qualification such as CII Certificate in Paraplanning, PMI Diploma in Professional Financial Advice, LIBF Diploma for Financial Advisers. Please confirm which qualification you hold.
- b) I can confirm I am currently working within paraplanning or financial planning.
- c) I have met and will continue to meet the 35 hour CPD requirement.

5. Disciplinary history (tick one)

- I have been convicted of a criminal offence Yes No
Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.
- I have entered an Individual Voluntary Agreement (IVA) or equivalent agreement with my creditors or have been adjudged bankrupt or insolvent or compounded with my 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 provide details with your application if you have responded Yes to any of the above.

6. 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 am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.

Signature: _____

Name in full: _____

Date: _____

Please return your application form to:

Accredited Paraplanner

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