

CISI APPLICATION FORM FOR ISLE OF MAN INITIAL STATEMENT OF PROFESSIONAL STANDING (SPS)

All questions are mandatory unless stated otherwise. If completing the application form by hand, please note that all questions answered must be printed in ink and in block capitals. Where confirming a statement as correct, please only place a 'X' in the box. Please note that incorrectly completed or ineligible forms will be returned to the applicant for resubmission. Statements of Professional Standing are available only as part of the Retail Distribution Review (RDR) requirements.

Due to the high level of incomplete or inaccurate SPS applications, individuals will now be advised by email if their application cannot be processed and will be given **three** days to supply the missing documentation. Regrettably, if this information is not received by the end of the third day, the application will be returned, unprocessed.

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1.	PERSONAL DETAILS OF AD	VISER		
a.	CISI Membership number :			
b.	CISI Customer number:			
c. ·	Title:			
d.	First name(s):			
e.	Middle name(s):			
f.	Surname:			
g.	Date of birth:			
h.	Email:			
i.	Please place a cross in the rel	evant boxes below: I work within the following specialist areas:		
	Securities Derivative			
j.	Firm name:			
k.	SPS Date			
You can choose the date that you wish your SPS to commence. However, please note the following guidelines when choosing a date:				
It is strongly recommended that your SPS start date is dated between two to three months after the end of your CPD year. This will allow you time to complete your 35 hours CPD and for the CISI to process your application, which can take up to two months.				
				end date
Where a date is not chosen by the applicant or nominee, the SPS will be dated as the date of issue.				
• Please use United Kingdom dating convention (eg, please use day/month/year, instead of month/day/year, such as 01/04/2018 for 1 April 2018).			CPD resul	+
	want my SPS start date to be		CPD lesui	

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2.	RDR QUALIFICATION AND GAP-FILL REQUIREMENTS				
a	If your qualifications and gap-fill compliance has already been verified please place a cross in the relevant box bel proceed to section 3	ow and			
	The CISI has previously confirmed I have met the RDR qualification and gap-fill requirements				
	I have had my qualifications and gap-fill verified by another FSA-recognised Accredited Body, who have confirmed that I have met the RDR qualifications and gap-fill requirements. I have attached verifiable evidence of the Accredited Body confirmation that I have met this aspect of the RDR requirements				
b	Qualification and gap-fill confirmation				
	I have completed a fully RDR compliant qualification, that does not require gap-fill (Some RDR qualifications, such as the IAD, do not require any gap-fill to be undertaken. Please proceed to section 3 if this is the case).				
	I have completed a RDR relevant qualification that requires gap-fill to be undertaken to meet the full RDR examination requirements				
	Please note: Evidence of CISI qualification achievement does not need to be attached.				
	If you have achieved a qualification with another body, please attach verifiable evidence of achievement of your R relevant qualification(s). Verifiable evidence will usually constitute a certified copy of your qualification certificate copy of your certificate signed or stamped by your compliance department), but can be other forms of evidence cachievement provided by the examination provider, where a certificate is not issued.	(a			
c	Please read the following statement and then confirm by placing a cross in the relevant box below				
	I have undertaken the required RDR gap-fill for my qualification(s) and have verifiable evidence of the activity I haundertaken. The gap-fill provided was undertaken using Structured Learning / Structured CPD.	ve			
	I have submitted my RDR qualifications and gap-fill for verification via the CISI CPD log (CISI/SII and LSE qualification holders only)				
	I have attached my RDR qualifications and gap-fill submission to this application				
			Gap-	fill cor	mpleted
3.	CPD REQUIREMENTS				
	D is a mandatory requirement for advisers but there are exceptions. Please see the CISI guidance at cisi.org/rdr for r ormation.	nore			
a.	Please place a cross in one of the boxes below:	_			
	I confirm I have met the CPD requirements in full.				
b.	Please place a cross in the box below as appropriate:				
	My CPD year closed or closes within three months of this application being submitted				
c.	CPD Declaration	_			
	I confirm that if selected for CPD audit, I will cooperate fully with the CISI and meet the CISI audit requirements				
			(Chec	ked by



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4. CISI CODE OF CONDUCT		
I confirm that I understand and will fully comply with the CISI Code of Conduct		
over the following 12-months.		
5. DISCIPLINARY HISTORY		
a. I have been denied an SPS or had an SPS suspended or withdrawn by another Accredited Body. Yes No		
(if this has occurred please provide details of the relevant Accredited Body and the reason provided for the SPS application being denied or the SPS being suspended or withdrawn to policy@cisi.org quoting your name and customer number)		
b. Have you been subject to disciplinary investigation, that has lead to disciplinary actions or sanctions by your firm, a regulator, the CISI, any other Accredited Body or any other organisation that you have not previously declared to the CISI? (If you have answered no to the above two questions, please proceed to section 7)		
(if this has occurred, please provide details to policy@cisi.org quoting your name and customer number)		
Yes No		
c. Have you been convicted of a criminal offence?		
Yes No		
6. DECLARATION		
This section must be completed by the adviser for whom an SPS is being applied for. No other persons are permitted to complete this section of the application form.		
I confirm that I have successfully undertaken a Fitness and Propriety assessment by the Isle of Man Financial Services Authority and I am a Financial Adviser who will be providing investment advice to retail clients.		
I confirm that this application is a true and accurate reflection of my status and competence. I understand that if I am found to have provided the CISI with a false declaration or false information in relation to any aspect of this SPS application then this may result in the SPS not being issued or subsequently withdrawn.		
I agree to the CISI sharing and obtaining information about my application and information which is relevant to my SPS status with the regulator.		
I understand that if issued with an SPS by the CISI, this is subject to passing a CPD audit if selected.		
I understand that if issued with an SPS, this will remain the property of the CISI and can be withdrawn at any time upon request.		
I agree to inform the CISI immediately if any information related to this application changes.		
I confirm that my 'contact details' and 'profile' in 'my details' section at cisi.org/mycisi are current and correct.		
By signing the below I confirm that I have read, understood and agreed to the CISI's SPS terms and conditions above, and those available at cisi.org/rdrspsapplication		
Print name		
Signature Date/		

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7. FIRM VERIFICATION		
The CISI strongly encourages firms to verify their advisers' SPS applications. This section needs to be completed if this application has been verified by the nominated firm verifier. If your application is not being verified by your firm's verifier, please proceed to section 8. Under no circumstances should this section be completed by the adviser or anyone other than a CISI-approved nominated verifier.		
I confirm that the information submitted by the adviser in the sections below is a true and accurate reflection to the best of my and my firm's knowledge:		
Print name		
Signature Date//		
I confirm that I have been recognised by the CISI as a verifier for my firm		
8. SPS PAYMENT		
Please place a cross in one of the boxes below:		
a. CISI Members		
I or my firm are paying for my SPS on application, £47		
b. All		
If payment is by the firm, please provide the following information:		
Contact name:		
Purchase order no.		
Address:		
I authorise payment to be invoiced to our general account:		
Print name		
Signature Date/		



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Payment by Cheque: Cheques should be made payable to 'Chartered Institute for Securities & Investment' and crossed `Account Payee only'.		
Payment by Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable		
Please contact me or other 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:		

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C&E	Name	Date
V&C	Name	Date

Please return this form with all required accompanying evidence:

by email: iomspsapplications@cisi.org

 $by\ post: SPS\ Applications\ Department,\ Chartered\ Institute\ for\ Securities\ \&\ Investment,\ 20\ Fenchurch\ Street,\ London\ EC3M\ 3BY$

Issued	Declined	Withdrawn