

## CHARTERED INSTITUTE FOR SECURITIES & INVESTMENT

## CORPORATE FINANCE CERTIFICATE PAPER 1 Exemption request form

FOR INTERNATIONAL CANDIDATES WHO HOLD A QUALIFICATION LISTED BY A REGULATOR AS AN APPROPRIATE EXAM FOR ADVISING ON INVESTMENTS IN THE COURSE OF CORPORATE FINANCE ACTIVITY

| PERSONAL DETAILS  |              | (                | Candidate No:        |                  |              | : 🔲          |        |             |               |              |             |      |       | if    | kno   | wn    |               |        |       |      |       |       |       |     |      |      |       |         | (             | eg i  | Mr/l | Mrs/   | Mis | s/Ms |
|---|--------------|------------------|----------------------|------------------|--------------|--------------|--------|-------------|---------------|--------------|-------------|------|-------|-------|-------|-------|---------------|--------|-------|------|-------|-------|-------|-----|------|------|-------|---------|---------------|-------|------|--------|-----|------|
| Surname:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      | Titl  | e:[     |               |       |      |        |     |      |
| Forename(s):  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Private address:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
|   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       | Ро    | sto | ode  | e: [ |       |         |               |       |      |        |     | ]    |
| Home telephone:   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       | Da    | te o  | f b | irth | :    |       |         |               |       |      |        |     |      |
| EMPLOYMENT DETAIL   | S (if app    | oropria          | ate)                 |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Name of firm:   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Firm's address:   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
|   |              |                  |                      |                  |              |              |        |             |               |              | F           | ost  | tcoc  | le:   |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Position held:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               | Na     | tior  | ıali | ty:   |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Daytime telephone:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Email address:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       | if applicable |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| PAYMENT: Please fill out  | the appro    | opriate i        | nformat              | ion              |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Account Firms: Please   |              | ,                | ,                    |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| 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 |              |                  |                      |                  |              |              |        |             |               |              |             |      |       | t     |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| I authorise you to debit m  | ıy accoun    | it with t        | he am                | ount o           | of £50       | 0            |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| 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 client services - Telephone +44 (o)20 7645 0680  Cardholder's name: (if different to that on previous page of this form)   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
|   |              |                  |                      |                  | ,<br>        |              |        |             |               |              |             |      |       |       | 1     |       | 7             |        |       |      |       |       |       |     | Т    | 7    |       | ٦٢      |               |       |      |        |     | ]    |
| Cardholder's address: (if   | different to | that o           | n previu             | JL na            | ae of        | ∟∟<br>f this | for    | <br>m)      |               |              |             |      |       |       |       | JL    |               |        |       | _    |       |       |       |     |      |      |       | _  _    |               |       |      |        | ][  | J    |
|   |              |                  |                      |                  | gc 0,<br>][  |              | , joii | '' <i>'</i> |               |              |             |      |       |       | 1     | 1     | 7             |        | ٦٢    |      |       |       |       |     | 7    | 7    |       | 7       | $\neg \vdash$ | ٦٢    | 7    | $\neg$ |     |      |
|   |              |                  |                      |                  |              | $\Box$       |        |             |               |              |             |      |       |       |       |       |               |        |       |      | L<br> |       |       |     |      |      |       |         |               |       |      | ᆿ      |     |      |
|   |              |                  |                      |                  |              | Ш            |        |             |               |              |             |      |       |       |       |       |               |        |       |      | <br>  |       |       |     |      |      |       | JL<br>T | _ _           | ┙┖    |      |        |     |      |
| Signature:  |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Please note: purchases ma   | ade with a   | credit (         | card wil             | l incur          | a 2%         | % sui        | rcha   | rge         | to co         | ver          | adm         | inis | trati | on 8  | & ha  | ndli  | ng f          | fees.  | . Th  | is d | oes   | no    | t apı | ply | to d | ebit | card  | l tra   | nsac          | ctio  | ns.  |        |     | _    |
| EXEMPTION REQUESTED   | CISI Leve    | el 3 Ce          | rtificat             | e in C           | orpo         | orate        | e Fir  | nand        | ce Pa         | ape          | r 1 -       | Coı  | rpor  | ate   | e Fin | and   | e R           | legu   | ılati | ion  |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Qualification offered for e   | •            |                  |                      |                  |              |              |        |             |               |              |             |      |       |       |       |       |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     | ••   |
| Syllabus and accompanyi enclosed with this form. (  |              |                  |                      |                  |              |              |        |             |               |              |             |      | e rel | eva   | ant c | erti  | fica          | te, o  | ert   | ifie | d by  | y y c | ur e  | emp | oloy | er a | s a t | rue     | cop           | )y, i | mus  | t be   | 9   |      |
| <b>DECLARATION:</b> "I declare and be bound by the Men time to time." I am happy  | that the     | informa<br>and A | ation I I<br>rticles | nave s<br>of Ass | uppl<br>ocia | lied<br>tion | is co  | omp<br>I Ru | lete<br>les o | and<br>of th | cor<br>e Ch | rect | ered  | l In: | stitu | te f  |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| Candidate's Signature   |              |                  |                      |                  |              |              |        |             |               |              |             |      |       |       | Da    | ite:  |               |        |       |      |       |       |       |     |      |      |       |         |               |       |      |        |     |      |
| The FSA requires finance will be sent to you. Plea  |              |                  |                      |                  |              |              |        |             |               |              |             |      | egaro | ding  | g you | ır qı | ualif         | ficati | ion a | and  | cor   | ntini | uing  | pro | ofes | sion | al de | evel    | opm           | ent   |      |        |     |      |

## Please complete and return to: