## RF 2025

## Membership Reinstatement Form

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



**1. I wish to apply to reinstate my membership in accordance with the Membership Rules** (Please tick which category you are returning to) Affiliate ACSI MCSI

2. Personal details		3. Work details
Title		Firm name
First name(s)		Job title
Last name		Department
Home address		Firm address
	Postcode	
Tel. (include country and local of	code)	
Mobile		Postcode
Email		Tel. (include country and local code)
Date of birth DD/MM/YYYY		Email
Former name(s) if any		
4. IntegrityMatters		
Obtaining a pass in the CISI's I	ntegrityMatters is a requirement for Affil	liate/ACSI/MCSI
- ·	nation please go to <b>cisi.org/integrityma</b>	
•		I will pass IntegrityMatters to activate my membership
5. Contact information (ti	,	□wt-
Correspondence to be delive Who will pay annual subscr		☐ Work ☐ Home ☐ Firm ☐ Self
If firm, please provide the fo		— ·····
Dept:		Cost centre:
Contact name:		
Address (if different from al	bove):	
6. Communications Prefer	ences Please tell us what information	n you would like to be contacted about
Additional Events:	Training Courses Conferences	Branch Dinners
Other:	Research Surveys  Jobs Online	
	nterest Groups events in London:	
Bond and Fixed Interest	•	☐ International Regulation ☐ Financial Planning ☐ FinTech ☐
	ent Young Professionals Train	ning, Competence and Culture  Paraplanner  Operations  Iifications and Pathways  Revision Tools
Study:		
	ns: Membership Qualifications	
Your Membership:		tworking and Social Events Online Learning Member Survey
	The Review Digital Articles	Review Print Magazine
Membership Directory:	Opt in Membership Directory	
Membership Directory.	Opt in Membership Directory	
7. Disciplinary history (tic	k one)	
I have been convicted of a crin		Yes No
	d to disclose convictions that are spent under t Inced Disclosure and Barring Service (DBS) che	the Rehabilitation of Offenders Act 1974, or protected convictions that are eck.
	oluntary Agreement (IVA) or equivalent agre	
	nt or compounded with my creditors.	w
I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years.		Yes L No L
I have been subject to disciplin		Yes No
	ur application if you have responded Yes to	any of the above.
I lease provide details with vot		,

8. Declaration
1. On applying to reinstate my membership 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 requiremen to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspende
3. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 month of joining the CISI my membership will be suspended.
4. I know of no reason why I should not become a member.
Signature: Date DD/MM/YYYY
Name in full:
9. Payment (Please complete as appropriate) The reinstatement fee consists of the full annual subscription plus a £55 administration fee. No pro rata arrangements apply. Thereafter, subscriptions are due annually on 1 April.
Affiliates $£167.00 + £55.00 = £222.00$
Associates (ACSI) $£167.00 + £55.00 = £222.00$
Members (MCSI) £242.00 + £55.00 = £297.00
Receipt required Promotional Code:
Total paid
Payment by firm: Firm reference:
l authorise payment for membership to be invoiced to our general
account:  Print name:
Signed: HR department
Payment by Card: I wish to pay by card:
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:

## Please post or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Any questions? applications@cisi.org / +44 (0)20 7645 0777