



CISI APPLICATION FORM FOR ISLE OF MAN RENEWING STATEMENTS 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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C&E X V&C X

1. PERSONAL DETAILS OF ADVISER

a. CISI Customer number:

b. CISI Membership number:

c. Title:

d. First name(s):

e. Middle name(s):

f. Surname:

g. Date of birth: / /

h. Email:

i. 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.

j. Firm name:

k. I wish my SPS to be renewed the day after my current SPS expires Yes No

If no, please detail the start date for your new SPS. Please note that you need to ensure there is **no** gap between your current and new SPS. Your SPS must always be dated within three months of your CPD year ending, to ensure the CPD undertaken is current.

I want my SPS start date to be the following date / /

Agreed
SPS start date

2. PLEASE ISSUE MY SPS FOR THE FOLLOWING SPECIALIST AREAS:

Securities Derivatives Retail Investment Products

If your previous SPS was not issued by the CISI, please attach **certified** evidence of your RDR qualification and Gap-fill (If applicable)

IOM SPS renewal version 2 2021

3. CPD REQUIREMENTS

CPD is a mandatory requirement for all SPS renewals.

- a. I confirm I have met the CPD requirements in full
- b. My CPD year ended or ends within three months of this application being submitted (please note this is the CPD year end, not the grace period end)

c. CPD Audit Declaration

I confirm that if selected for CPD audit, I will cooperate fully with the CISI and meet the CISI audit requirements

4. CISI CODE OF CONDUCT

I confirm that I understand and will comply with the CISI Code of Conduct over the following 12 months.

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CPD year end date

CPD result

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 answered no to both of the above questions, please proceed to section 6)
 (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



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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/rdrspapplication

Print name

Signature _____ Date

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 a nominated 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 after due enquiry and 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



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8. SPS PAYMENT

Please place a cross in one of the boxes below:

a. CISI Members

I or my firm have paid £21 in advance for my SPS with my CISI membership

I or my firm are paying for my SPS on application, £35

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:

Signature _____

Date _____

Payment by Cheque: Cheques should be made payable to

'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. Cheque attached

Payment by Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable

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: _____



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C&E Signature _____ Date _____
 V&C Signature _____ Date _____

Please return this form with all required accompanying evidence:

by email: iomspapplications@cisi.org

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

Issued	Declined	Withdrawn