# SPS VERIFIER APPLICATION FORM

We aim to provide SPS Verifier access within 5-7 working days of receipt of an application as long as all the required information has been provided.

CISI
CHARTERED INSTITUTE FOR SECURITIES & INVESTMENT

1. Employment details of required SPS verifier

Verifiers Customer No (if known):

eg Mr/Mrs/ Miss/Ms

Surname: Title:

Forename(s):

Job Title:

Firm name:

Firm address:

Postcode:

Telephone:

Email address:

Date of Birth: D D M M Y Y Y Y

2. SPS Portal Access

| | |
|---|---|
| What level of portal access do you require? | ☐ Full Access* ☐ Read-Only** |
| Please confirm the jurisdictions that you are required to hold SPS verifier status. | ☐ UK ☐ Isle of Man ☐ Guernsey |
| Please confirm whether you are Senior Management or work within Compliance, Human Resources or Learning and Development? | |
| Do you require access to all office locations? (if not required, please list required postcodes) | |
| Are you happy for your contact preference to be set to work? | ☐ Yes ☐ No*** |
| Information | |
| *Full Access – This is full verification access on the SPS verifier portal and you will hold access to both view and verify online SPS renewal applications.<br>**Read-only Access – This access allows you to view applications on the SPS verifier portal only and you will not hold access to make amendments to applicant's details or applications.<br>***If you are not happy for your contact preference to be set to work under your current record. We can create an additional record which will be for the use of SPS verification only and will only hold your work details as your contact preference. | |

3. Terms and Conditions:

*This section must be completed by the SPS verifier applicant. No other persons are permitted to complete this section of the application form.*

I confirm that should any information related to this application changes or if I am to resign from my current role, I will notify the CISI immediately by contacting spsapplications@cisi.org.

I confirm that should I no longer require SPS verifier access, I will notify the CISI by contacting spsapplications@cisi.org.

I confirm that as an SPS verifier that I have read and understood the requirements for SPS holders under the SPS Terms and Conditions.

I confirm that when I sign and verify manual SPS application forms that I will review the information submitted by the adviser to ensure that all information provided is true and accurate.

Signature: ..... Date: .....

## Please complete and return to:

SPS Applications, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London, EC3M 3BY
**Email:** spsapplications@cisi.org **Any questions? Telephone:** +44 (0)20 7645 0777