



CISI APPLICATION FORM TO TRANSFER A CISI STATEMENT OF PROFESSIONAL STANDING (SPS)

Please note, the transfer from is to transfer an SPS from one firm to another only and must be completed within 30 days of you moving firms. If you wish to transfer your SPS from another Accredited Body, you will be required to complete a renewal form. Please also note, we will only accept transfer forms for an SPS with longer than 60 days until expiry. If your SPS is due to expire within the next 60 days, please complete a renewal form.

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. Please provide one of the following:

a) ☐ My FCA number on the FCA's Financial Services register is (if applicable)

or

b) ☐ My firm reference number is .

Certification date

and my employer will verify my SPS application.

j. Firm name:

Premise:

Street:

City:

County: Postcode:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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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)

3. FCA REQUIREMENTS

I confirm that I understand and have fully complied with the FCA APER requirements.

☐ ☐ ☐

I can confirm that I understand and have fully complied with the FCA COCON requirements
(only applicable to advisers under the **Senior Managers/Certification Regime**)

☐ ☐ ☐

4. CISI CODE OF CONDUCT

I confirm that I understand and will comply with the CISI Code of Conduct.

☐ ☐ ☐

5. DISCIPLINARY HISTORY

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?

☐ Yes ☐ No☐ ☐

(If answered no, please proceed to section 6)

(if this has occurred, please provide details to policy@cisi.org quoting your name and customer number)

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 am a Retail Investment Adviser as defined by the FCA and I currently work within the Financial Retail sector as defined by the RDR.

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 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/rdrspssapplication

Print name

☐ ☐

Signature

Date



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7. FIRM VERIFICATION (mandatory for advisers under the Senior Managers/Certification Regime)

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This section needs to be completed if this application has been verified by the nominated firm verifier. 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 is a true and accurate reflection after due enquiry and to the best of my and my firm's knowledge:

Print name

Job title

Email address

Signature Date

☐

☐

☐

☐

I confirm that I have been recognised by the CISI as a verifier for my firm

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If your firm does not have an approved verifier, please contact spsapplications@cisi.org for further guidance.

**Office use only**

C&E Signature	Date
V&C Signature	Date

Please return this form with all required accompanying evidence:

by email: spsapplications@cisi.org

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

Issued	Declined	Withdrawn

**8. SPS PAYMENT**

I have included a £10 fee for my SPS transfer

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: The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – **American Express, Delta, Eurocard, MasterCard, Maestro 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 cross this box to ensure you are not charged TWICE: ☐

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

I authorise you to debit my account with the appropriate amount

Card number:

Authoriser's

Expiry date:

Maestro/AMEX issue date:

Maestro only issue no:

Security code:

** If you do not wish to send your credit card information via the post, please contact Customer Support:
Telephone +44 20 7645 0777*

Cardholder's name:

Cardholder's address:

Telephone:

Signature

Date