

Appeal Application

You are advised to read the CISI Appeals Policy before deciding to appeal. If you have any queries, please call us on +44 20 7645 0777 or email customersupport@cisi.org.

1. Personal Information:

Candidate Number: (If known)		Membership Number: (If known)	
Forename(s):		Surname:	
Title: (e.g. Mr/Mrs/Miss/Ms/Dr)		Date of birth: (DD/MM/YYYY)	
E-mail address:			

2. Type of appeal:

I wish to appeal (tick as appropriate):

A.	the outcome of a query investigation about a multiple-choice question (MCQ) examination	
B.	the outcome of a query investigation about a narrative (written) examination	
C.	the outcome of a query investigation about moderation of internally marked assessments	
D.	the outcome of a query investigation about a financial plan case study assessment	
E.	the outcome of a query investigation about a reasonable adjustment application	
F.	the outcome of a query investigation about a special consideration application	
G.	a decision, penalty or sanction following a malpractice or maladministration investigation	

If you have checked box **A, B, E or F** above, please indicate which examination your appeal is related to in the box below:

Examination title:		Date of exam: (DD/MM/YYYY)	
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3. Grounds for appeal:

Please indicate the grounds for appeal, from the list outlined in Section 2.1 of the Appeals Policy, which apply to your application.

4. Summary of appeal:

Please provide full details of the circumstances that have led to your application and the reasons why you believe the grounds for appeal apply. Continue onto a separate sheet if necessary.

5. Supporting documents:

Please provide a list of any evidence or supporting documents you are including to substantiate your claim.

6. Payment:

The fee for making an appeal is £100.00. Payment may be made by credit card, by calling the CISI Finance Department, on 020 7645 0681, and quoting your CISI Customer Number as a reference.

I confirm that I have contacted the CISI Finance Team and have made payment for this appeal application.	<input type="checkbox"/>
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7. Declaration:

I can confirm that the information provided in this application is true and accurate and I will be prepared to answer further questions in relation to any claims I have made.	<input type="checkbox"/>
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I consent to this information being processed specifically and only for the purpose of this application.	<input type="checkbox"/>
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I can confirm that I have read and understand the CISI Appeals Policy .	<input type="checkbox"/>
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Signed:	<input type="text"/>	Date:	<input type="text"/>
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Please submit your signed application form by email to appeals@cisi.org, or by post, addressed to: Global Director of Learning, Chartered Institute for Securities & Investment, 3rd Floor, 20 Fenchurch Street, London, EC3M 3BY.