

DIPLOMA IN INVESTMENT COMPLIANCE EXAMINATION ENTRY FORM

All exam prices include a hard copy version of the workbook. Please see note 10 for further details.

Α	REGISTRATION FEE: The registration fee is a single payment for every candidate to no repeat of this fee required, no matter how many times a continuous student membership which is provided for a full 12 respectively.	andidate takes CISI	examinations, incl	uding other Cl					
	UK £60 International £35	Examination Entry (see note 10)	International Examination Entry (see note 10)	Exam Resit	1st Choice Exam Date (Note 3 + 5)	2nd Choice Exam Date (Note 3 + 5)			
3	EXAM								
	Module 1: UK Regulation and Professional Integrity	£346	£346	£256	/ AM/PM	/ AM/PN			
	Module 2: Global Financial Compliance	£329	£331	£239	/ AM/PM	/ AM/PN			
	or Combating Financial Crime	£221	£223	£131	/ AM/PM	/ AM/PN			
	or Risk in Financial Services	£329	£331	£239	/ AM/PM	/ AM/PN			
	Module 3: Regulation & Compliance	£490	£470	£308	/ AM/PM				
С	WORKBOOK POSTAGE (MAINLAND UK FREE POSTAGE) If you live in any other location please contact Customer Sup		o (Isle of Man)	£19 (Channe	l Islands)				
D	REVISION AID (tick this box to include Revision Express Interactive at discount price when booking your exam and workbook) (Please ensure you have included the								
	£ TOTAL (A+B+C+D) (all prices include VAT where applicable):	£			(Please ensure you nave Registration Fee if applic				

- 1. STUDENT MEMBERSHIP: For details of the benefits of CISI student membership please consult the CISI website: cisi.org/mgrade.
- 2. CHANGE OF NAME: If you have changed your name since your last exam please send us a copy of the relevant documentation, eg, marriage certificate, marked for the attention of the Data Integrity Executive. Failure to submit the relevant documentation may result in refusal of entry to an exam or incorrect exam certificate being provided.
- 3. TRANSFER AND WITHDRAWAL POLICY: Before booking your examination place, please read the Transfers, Withdrawals, Resits & Late Entries policy (9) on the CISI website: cisi.org/exampolicies.
- 4. CANDIDATE NUMBER: If you have previously taken examinations with the CISI please insert your Candidate Number if known. Otherwise, leave blank.
- **5. COMPUTER BASED TESTING EXAMINATIONS (CBT)**: The opening hours for UK venues only are available on the CISI website. Please note dates cannot be guaranteed as bookings are subject to availability. Early booking is advised. For a full list of CBT venues, please consult the CISI website: cisi.org/cbtmaps.
- **6. EXAMINATION FEES:** VAT not applicable. If this form is more than 12 months old (see issue date on front, in bottom left hand corner), it is advisable to telephone to check that the fees are current. Payment can be made by American Express, Delta, Eurocard, MasterCard, Visa Debit and Visa. Please complete the details below.
- 7. CHANGE OF ADDRESS: Please notify the CISI promptly of any address change.
- **8. SPECIAL NEEDS:** Candidates with special needs should notify the CISI at least 28 days prior to the examination to allow appropriate arrangements to be made. All requests for extra time must be supported by an original of the medical/educational psychologist's report at the time of lodging this registration.
- 9. REGULATIONS: The examination regulations can be viewed on the CISI web site: cisi.org/exampolicies, then select CISI Exam Regulations. You will be sent a link to the examination regulations with your exam entry acknowledgement.
- 10. PRICES: Prices for UK examination entry includes hard copy of workbook and free pdf soft copy. Additional postage applies. Prices for international examination entry include pdf workbook and Revision Express Interactive. Resit prices are for UK examination entry or international candidates re-sitting the examination.



NOTES & PAYMENT DETAILS

PERSONAL DETAILS	S: Please print in capitals		6	eg. Mr/Mrs/Miss/Ms	CANDIDATE NUMBER: (Note 4)			
Surname: (Note 2)			Title:					
Forename(s):					EXAM LOCATION: (Note 5)			
Home address:								
			Postcode:		EXAM FEES: (Note 6)			
Home telephone:		Dat	e of birth:	/	Employer-sponsored or self-sponsored			
	AILS: Please use Company Stamp	if possible (Note 7)			——————————————————————————————————————			
Name of firm:								
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Position held:								
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Please indicate with	a tick where you would like c	orrespondence to be sent:	Home	Work	Email			
PAYMENT: Please fill of	out the appropriate information							
	Please invoice. Invoice recipie	nt name:		Job title:				
Payment by Cheque	: Cheques should be made pa	ayable to 'Chartered Institut	e for Securities & Inves	tment' and crossed	'Account Payee only'. Cheque attache			
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