## CISI Application Form for Chartered Wealth Manager



All questions to be answered and printed in ink and in block capitals. All questions are mandatory unless stated otherwise.

1.	PERSONAL DETAILS				
a.	CISI Membership number :				
b.	CISI Candidate number:				
c.	Title:				
d.	First and middle name(s):				
e.	Surname:				
f.	Date of birth:				
2.	CHARTERED WEALTH MANA	AGER			
	ou have met the following crit u must:	eria you can obtain Chartered Wealth Ma	nager.		
•	have the CISI Chartered Wealth Manager Qualification (formerly known as the CISI Masters in Wealth Management)				
	or				
	hold the CERTIFIED FINANCIAL PLANNER™ certification (CFP™) in the UK				
•	be a Chartered Fellow or Chartered Member of the CISI				
•	have a pass in the CISI IntegrityMatters				
•	have met the 35 hour CPD requirement on the CISI CPD Scheme or CISI Firm Accredited Scheme				
3. [	DISCIPLINARY HISTORY (TICK	ONE)			
l ha	have been convicted of a criminal offence				
Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.					
I have been adjudged bankrupt or insolvent or compounded with my creditors.					
I have currently or have been subject to disciplinary proceedings by the FCA, other regulator					
or any professional body within the past five years.					
Ple	ase provide details with your a	pplication if you have responded Yes to a	ny of the above.		
1.	uphold its high standards as	d Institute for Securities & Investment I published in its Professional Code (all a d termination of my membership			
		atory for CISI members and agree to ur I understand non-compliance of the C			
3.	3. I agree to maintain competence through CPD by completing 35 hours CPD with a minimum of 21 hours being structured annually.				
4.	I confirm that I am currently	working within the Wealth Managemer	nt sector.		
Sig	nature:			Date DD/MM/YYYY	
Mai	me in full:				

## **5. PAYMENT** (Please complete as appropriate)

The fee is payable at the time of application - £31

Payment by firm: I authorise payment to be invoiced to our general account:	Payment by cheque:  Cheques should be made payable to:  'Chartered Institute for Securities & Investment' and crossed			
Print name:				
Signed:	'Account Payee only'. Cheque attached			
Firm reference:				
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 <b>customersupport@cisi.org</b> to complete				
Name:				
Signature:				

Please return your application form to:

## **Chartered Wealth Manager**

Chartered Institute for Securities & Investment 20 Fenchurch Street, London EC3M 3BY

charteredwealthmanager@cisi.org

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.

The CISI reserves the right to refuse applications where information supplied is found to be false