

Membership Application Form for ACCA Members



All questions to be answered and printed in ink and in block capitals.

1. Which type of Membership are you applying for? Associate (ACSI) Full Member (MCSI)

CISI Candidate/Membership number (if applicable) _____ ACCA Membership number _____

Please attach a copy of your ACCA membership certificate if possible.

(Details of these and all admission criteria can be found on our website cisi.org/acca)

CISI MFU ©2013

<p>2. Personal details</p> <p>Title _____</p> <p>First name(s) _____</p> <p>Surname _____</p> <p>Private address _____</p> <p style="text-align: right;">Postcode _____</p> <p>Tel. _____ Mobile _____</p> <p>Email _____</p> <p>Date of birth _____ Nationality _____</p> <p>Former name(s) if any _____</p>	<p>3. Work details</p> <p>Firm name _____</p> <p>Job title _____</p> <p>Department _____</p> <p>Firm address _____</p> <p style="text-align: right;">Postcode _____</p> <p>Direct tel. _____</p> <p>Direct fax. _____</p> <p>Email _____</p>
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4. IntegrityMatters

Obtaining an A grade pass in the CISI's IntegrityMatters is a requirement for ACSI/MCSI membership**.

For more information please go to cisi.org/integritymatters

I have passed the IntegrityMatters test with an A grade

I will pay for and pass IntegrityMatters within 3 months of gaining ACSI/MCSI membership

5. Qualifications (please give details)	Achieved	Being studied	Training Provider
a) CISI/SII Qualifications			
b) Other Professional Qualifications *			
c) Highest Academic Qualification			

* if applicable please attach a certified copy of the pass certificates

6. Contact information (tick one)

Correspondence to be delivered to: Work Home

Address to appear in Members directory: Work Home None

Who will pay annual subscription? Firm Self

If firm, please provide the following information: Contact name: _____

Dept: _____ Cost centre: _____

Address (if different from above): _____

7a. Which sector do you regard yourself working in?

Wholesale Retail Other please specify _____

7b. Do you believe you come within scope of the FCA's Retail Distribution Review (RDR)? Yes No Don't know

7c. FCA Individual Reference Number (if applicable) _____

7d. Area of work Please tick box(es):

<p>Institutional Sales</p> <p><input type="checkbox"/> Equities</p> <p><input type="checkbox"/> Bonds/Fixed Interest</p> <p><input type="checkbox"/> Gilts</p> <p><input type="checkbox"/> Derivatives</p> <p><input type="checkbox"/> Commodities</p> <p><input type="checkbox"/> Swaps</p>	<p><input type="checkbox"/> Market Maker</p> <p><input type="checkbox"/> Corporate Finance</p> <p><input type="checkbox"/> Institutional Fund Manager</p> <p>Private Client Advice</p> <p><input type="checkbox"/> Advisory</p> <p><input type="checkbox"/> Discretionary</p>	<p><input type="checkbox"/> Legal and Compliance</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> IT</p> <p><input type="checkbox"/> Analyst</p> <p><input type="checkbox"/> Operations</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Other</p>	<p>Please specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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* 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

8. Declaration

1. I have not been adjudged bankrupt or insolvent or compounded with my creditors and I am not currently or have been subject to disciplinary procedures by the FSA/FCA, other regulator or any professional body within the past five years.
2. I apply to become a member of the Chartered Institute for Securities & Investment and agree to abide by **the Royal Charter, Bye-laws, Regulations**, and to uphold its high standards as published in its **Professional Code** (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership
3. I agree to maintain competence through CPD as outlined in Annex 3 of the Membership Regulations
4. I know of no reason why I should not become a member

Signature: _____

Name in full: _____

9. Referee *Only required for applicants who do not have regulatory approval.* Referee – normally either a Member or Fellow of the Chartered Institute for Securities & Investment or a person who exercises a governing function or a significant management function under FCA rule Sup 10.4.5 (please see section 6 of membership regulations for alternatives).

I support (full name) _____

in applying to become a member of the Chartered Institute for Securities & Investment. I believe from my personal knowledge of him/her, that he/she fulfils the requirements of the Chartered Institute for Securities & Investment.

Signature: _____

Name in full: _____

Job title: _____

Date: _____

10. Payment (Please complete as appropriate)

The Institute has agreed to waive the joining fee for ACCA members. The subscription is payable at the time of application. **Thereafter, subscriptions are due annually on 1st April.** The membership fee is payable on a pro-rata basis at any stage of the year. Please ensure that you pay the correct fee for the time of year you are joining.

Pro-Rata Fees 2013/14	Application Period			
	(April - June)	(July - Sept)	(Oct - Dec)	(Jan - March)
ACSI	£125	£93.75	£62.50	£156.25*
MCSI	£175	£131.25	£87.50	£218.75*
Plus £20 for the IntegrityMatters test				
Total paid	_____			Receipt required <input type="checkbox"/>

Applicants resident in India, Sri Lanka and Pakistan can apply for a discount of 25% off the subscription fee.

Tick here if this applies to you

* Includes fee for the following subscription year

Payment by firm:

I authorise payment to be invoiced to our general account:

Print name: _____

Signed: _____

HR department

Payment by cheque:

Cheques should be made payable to:

'Chartered Institute for Securities & Investment' and crossed 'Account Payee only'. Cheque attached

Payment by Card:

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

I authorise you to debit my account with the amount of _____ including joining fee where applicable

Card number: Security code.: *

Expiry date: ___/___/___ Maestro/AMEX issue date: ___/___/___ Maestro only issue No: _____

* If you do not wish to send your credit card information via the post, please contact customer support - Telephone +44 (0)20 7645 0777

Card holder's name: (if different to that in Section 2 of this form) _____

Signature: _____

For office use only

Date received: _____

Membership No: _____

Date processed: _____

Membership Official Initials: _____

Notes: _____

Please post, fax or email this form to:

Membership Department, Chartered Institute for Securities & Investment, 8 Eastcheap, London EC3M 1AE Fax: +44 (0)20 7645 0601

Any questions? applications@cisi.org / +44 20 7645 0777