

# Swiss CWMA Membership Application Form

All answers to be printed in ink and in block capitals.

**1. I held the Certified Wealth Management Adviser Qualification (CWMA) and would like to apply for Associate (ACSI) Membership**

**CISI Candidate/Membership number** (if applicable)

Please note that if you hold other external qualifications, you may be able to apply for a higher level of membership (Details of these and all admission criteria can be found at [cisi.org/membership](http://cisi.org/membership))

## 2. Personal details

Title \_\_\_\_\_  
First name(s) \_\_\_\_\_  
Last name \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Tel. (include country and local code) \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Date of birth DD/MM/YYYY \_\_\_\_\_  
Former name(s) if any \_\_\_\_\_

## 3. Work details

Firm name \_\_\_\_\_  
Job title \_\_\_\_\_  
Department \_\_\_\_\_  
Firm address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Tel. (include country and local code) \_\_\_\_\_  
Email \_\_\_\_\_

## 4. IntegrityMatters

Obtaining a pass in the CISI's IntegrityMatters is a requirement for MCSI, ACSI and Affiliate membership.

For more information please go to [cisi.org/integritymatters](http://cisi.org/integritymatters)

I have passed the IntegrityMatters test

I will pass IntegrityMatters to activate my membership

## 5. Contact information (tick one)

Correspondence to be delivered to:

Who will pay annual subscription?

Work

Home

Firm

Self

If firm, please provide the following information:

Contact name: \_\_\_\_\_

Dept: \_\_\_\_\_

Cost centre: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

By submitting this registration form, you indicate your consent to receiving email marketing messages from us. If you do not want to receive such messages, tick here:

## 6. Disciplinary history (tick one)

I have been convicted of a criminal offence

Yes  No

*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.

Yes  No

I have been subject to disciplinary proceedings by the local Financial Services Regulator, other regulator or any professional body within the past five years.

Yes  No

Please provide details with your application if you have responded Yes to any of the above.



## 7. Declaration

1. On applying to become a member of the Chartered Institute for Securities & Investment I 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
2. I am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
3. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
4. I know of no reason why I should not become a member

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

## 8. Payment (Please complete as appropriate)

The joining fee and subscription are 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. Add this to the joining fee to give the total amount due.

Pro-Rata Fees 2018/19	Application Period				Joining Fee
	(April - June)	(July - Sept)	(Oct - Dec)	(Jan - March)	
Affiliate	£135.00	£101.25	£67.50	£168.75*	£30
ACSI	£135.00	£101.25	£67.50	£168.75*	£30
MCSI	£195.00	£146.25	£97.50	£243.75*	£50
Total	<input type="text"/> (must include joining fee)		Receipt required	<input type="checkbox"/>	

### Payment by firm:

I authorise payment to be invoiced to our general account: \_\_\_\_\_

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_

HR department

Firm reference: \_\_\_\_\_

### 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

**Please Note:** There is no fee for Visa Debit or Delta cards.

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 20 7645 0777

Card holder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Please post, fax or email this form to:**

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY Fax: +44 20 7645 0601  
**Any questions?** applications@cisi.org / +44 20 7645 0777