## Membership Reinstatement Form

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



1. I wish to apply to reinstate my membership in accordance with the Membership Rules MCSI

(Please tick which category you are returning to) Affiliate ACSI

2. Personal details	3. Work details
Title	Firm name
First name(s)	Job title
Last name	Department
Home address	Firm address
Postcode	
Tel. (include country and local code)	
Mobile	Postcode
Email	Tel. (include country and local code)
Date of birth DD/MM/YYYY	Email
Former name(s) if any	
4. IntegrityMatters	
Obtaining a pass in the CISI's IntegrityMatters is a requirement for	
membership. For more information please go to <b>cisi.org/integrit</b>	tymatters I have passed the IntegrityMatters test
	I will pass IntegrityMatters to activate my membership
5. Contact information (tick one)	
Correspondence to be delivered to:	Work Home
Who will pay annual subscription? If firm, please provide the following information:	Firm Self
Dept:	Cost centre:
Contact name:	

Address (if different from above):

7. Disciplinary history (tick one)		
I have been convicted of a criminal offence Please note that you do not need to disclose convictions that are spent under the Rehabilitation of Offenders Act filtered from a standard or enhanced Disclosure and Barring Service (DBS) check. I have entered an Individual Voluntary Agreement (IVA) or equivalent agreement with my creditors or have	•	No d convictions that are
adjudged bankrupt or insolvent or compounded with my creditors. I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years.	Yes	
I have been subject to disciplinary proceedings by the FCA, 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.

## 8. Declaration

- 1. On applying to reinstate my membership 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:	Date DD/MM/YYYy
Name in full:	

## 9. Payment (Please complete as appropriate)

The reinstatement fee consists of the full annual subscription plus a £55 administration fee. No pro rata arrangements apply. **Thereafter, subscriptions are due annually on 1 April.** 

Affiliates	$\pounds 167.00 + \pounds 55.00 = \pounds 222.00$	
Associates (ACSI)	$\pounds 167.00 + \pounds 55.00 = \pounds 222.00$	
Members (MCSI)	$\pounds 242.00 + \pounds 55.00 = \pounds 297.00$	
Receipt required	Promotional Code:	
Total paid		
Payment by firm: Firm reference:   I authorise payment for membership to be invoiced to our general account: Image: Firm reference:   Print name: Image: Firm reference:		
Signed:	HR department	
Payment by Card: I wish	n to pay by card:	
Please contact 🗌 me o		
by telephone/email* to n	nake payment on my behalf.	
Telephone number:		
Email address:		
*If you have selected via email you will receive a payment link from customersupport@cisi.org to complete		
Name:		
Signature:		

## Please post or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY **Any questions?** applications@cisi.org / +44 (0)20 7645 0777