CHARTERED INSTITUTE FOR SECURITIES & INVESTMENT



Application Form

1. Your firm's details							
1. Name of Firm :							
2. Trading Name of Firm	2. Trading Name of Firm (if different) :						
3. Trading Start Date :	3. Trading Start Date :						
4. Business Address :							
5. Telephone No :							
6. Email Address:	6. Email Address :						
7. Website:	7. Website:						
8. Firm's FCA Number :	8. Firm's FCA Number :						
9. Total number of emplo	9. Total number of employees :						
10. Company Registered	Number (if applicable) :						
11. Number of FCA registered advisers :							
Please give the names of th	e individuals (they may k	oe the same person) who	will be responsible for th	e following:			
Please give the names of th	e individuals (they may b	oe the same person) who	will be responsible for th	e following:			
General Accredited Financial Planning Firm Queries	· · ·	-	· 				
General Accredited Financial Planning	· · ·	-	· 				
General Accredited Financial Planning Firm Queries Accredited Financial Planning Firm	· · ·	-	· 				
General Accredited Financial Planning Firm Queries Accredited Financial Planning Firm	Name	Title	· 				
General Accredited Financial Planning Firm Queries Accredited Financial Planning Firm media contact	Name	Title	· 	Email			

First Name	Surname	Are they a director?	Fina	vers ncial ng (Y/N)	CERTIFIED FINANCIAL PLANNER tm	Do they hold the CII Level 6 Advanced Diploma	Please specify whether this person is a member of CISI and/or CII, LIBF
		Y 🗆 N 🗆	Y 🗆	N 🗌	Y 🗌 N 🗍	Y 🗆 N 🗆	
		Y 🗆 N 🗆	Y 🗆	N 🗌	Y 🗌 N 🗍	Y 🗆 N 🗆	
		Y 🗌 N 🗍	Y 🗆	N 🗌	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗌 N 🔲	Y 🗆	N 🗌	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗌 N 🗍	Y 🗆	N \square	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗌 N 🗍	Y 🗆	N 🗌	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗆 N 🗀	Y 🗆	И	Y 🗌 N 🗍	Y 🗆 N 🗆	
		Y 🗆 N 🗆	Y 🗆	и	Y	Y 🗌 N 🗍	
		Y 🗌 N 🗍	Υ 🗆	N 🗌	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗌 N 🗍	Y 🗆	И	Y 🗌 N 🗍	Y 🗌 N 🗍	
		Y 🗌 N 🗍	Y 🗆	N 🗌	Y 🗌 N 🗌	Y 🗆 N 🗆	
		Y 🗆 N 🗀	Y 🗌	N 🗌	Y 🗌 N 🗍	Y 🗌 N 🗍	
OTE: Please contin	ue on a separate pag	ge if you require	more s _l	oace			
Your Firm's Financ	ial Planning Process		1		.		
Does your firm	have a Financial Planr	nina			Y/N	<u> </u>	lotes
proposition in place as a core offer to clients?				Υ [N		
Do you have a consistent firm-wide fee structure?				Υ [N		
Do you have a firm-wide investment philosophy?				Y 🗌 N 🗍			
Does your firm use cashflow modelling as part of the Financial Planning process?				Y			
Dlagge may delet	uh a mannag af any saft						
Please provide the names of any software you use for: CRM, Cashflow modelling, Risk Profiling, Logging CPD,							
	_	J, JJ -9 -1 -					
Platforms, AI, O			ı				
Platforms, Al, O							

Does your firm outsource paraplanning and if so what is the provider's name? 4. Professional Standards		
How many complaints (as defined by the FCA) has your firm received in the past 12 months?		
How many complaints does your firm currently have outstanding?		
5. Supplementary Information Checklist		
Information required	Y/N	Title(s) of document(s) or website address
Marketing materials explaining your firm's Financial Planning proposition	Y 🗌 N 🗍	
A copy of your firm's fee structure as provided to a client	Y 🗌 N 🗍	
Details of your firm's investment philosophy	Y 🗌 N 🗍	
A copy of a financial plan provided to a client within the past six months (please remove names and addresses)	Y 🗌 N 🗍	
A copy of annual review/planning meeting documentation provided to a client within the past six months (please remove names and addresses)	Y 🗌 N 🗌	
Most recent annual accounts	Y 🗌 N 🗌	
A copy of your firm's Training & Competence (T&C) scheme	Y 🗌 N 🗍	

6. Wayfinder Details			
professionals and Accredit	· ·	our firm pro	ts current CERTIFIED FINANCIAL PLANNER tm offle, please provide a short summary of your .
So that we can list any other	offices you have across the country, ple	ase provide	e their address's in the following table
Office 2 Address			
Office 3 Address			
7. Agreement Details			
 At least 50% of FCA-registered the CII Advanced Diploma in 	ed advisers must be a current CERTIFIED F Financial Planning.	INANCIAL P	PLANNER tm professional or hold
• One director or the individu	al responsible for the advice process mus	t be a curre	nt CERTIFIED FINANCIAL PLANNER tm .
• Firms must adhere to CISI's I	atest Financial Planning standards and gu	ıidance whi	le accredited.
• The annual fee is published	on the CISI website, reviewed yearly, and	invoiced ba	sed on the firm's application.
 Firms must review and update from the register. 	te their application details one month befo	re renewal;	late payments may lead to temporary removal
• Use of accreditation logos/n	narks must comply with CISI's latest branc	ling guideli	nes.
• Firms must nominate a repr	esentative to support CISI media activity.		
• The CISI will publicly promo	te the firm's name and contact details.		
• Firms must assist CISI in reso	olving complaints against member emplo	yees or face	immediate termination.
• CISI reserves the right to aud	dit firms to ensure continued compliance.		
• Either party may terminate	the agreement with 30 days' notice.		
 Breach of standards may resindependent CISI panel. 	ult in immediate termination; appeals mu	ıst be made	within 30 days and are reviewed by an
• No fee refunds are issued up	oon termination.		
• Upon termination, firms mu	st remove all branding within 30 days (ph	ysical) and	90 days (stationery).
• Information shared with CIS	I is confidential unless otherwise agreed.		
• Firms must have policies and	d training in place to support clients in vu	lnerable sit	uations.
Signed on behalf of the Finar	ncial Planning Firm		
Print Name:		Position:	
Signature:		Date:	