

Designation Application Chartered Investment Manager (CIM®)

Please complete and mail or fax form to CSI: Address: 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486 For further information, please contact us by: Telephone: 1 (866) 866-2601 (Canada & USA) or 416-364-9130 Email: customer_support@csi.ca PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL letters.) Identity Verification: Birthdate (yyyy/mm/dd): Note: Please indicate your name (including any initials used) exactly as it appears on your government-issued photo ID. Last Name: Gender: O Male O Female Language preference for communication: O English O French Preferred Email Address: Alternate Email Address: **Business Address** Suite/Floor: Province: Country: ___ Postal Code: **Home Address** Street Address: Suite/Apt.: Province: Postal Code: To which address would you like us to send your Certificate: O Business Address O Home Address Which address would you like listed in our CIM® directory? O Business Address O Home Address O I do not wish to have my address listed **ACCREDITATION REQUIREMENTS** To be eligible for the CIM® designation you must have successfully completed all courses of either Stream 1 or Stream 2. O Stream 1 **Year Completed** ☐ Canadian Securities Course (CSC).... □ Wealth Management Essentials (WME).... □ WME-Investment Management Supplement OR • Advanced Investment Strategies (AIS) Check one only □ Portfolio Management Techniques (PMT) O Stream 2 ☐ Canadian Securities Course (CSC).... □ Investment Management Techniques (IMT).... □ Portfolio Management Techniques (PMT)..... Work Experience - Verifier Information Please specify the person who will be able to confirm that you have at least two (2) years experience (as defined in the experience assessment tool described on the CSI website). You must have fulfilled an investment management role for 2 of the last 5 years. To verify this experience CSI will contact the following individual:

Company:

Telephone Number:

Language preference: O English O French

Name:

E-mail Address:

I confirm that:				
O There have not been allegations or complaints made against me of a legal, crimina	ıl, or disciplinar	y nature rela	ted to my professional conduct.	
- OR –				
O There have been/are allegations or complaints that have been made against me of ("Professional Conduct Issue"). I have attached all relevant paperwork regarding the relation to same. I understand and agree that the paperwork I have provided in relation Ethics Committee.	he Professiona	I Conduct Iss	sue, including details of any disci	iplinary action taken in
- AND –				
O I understand that this application will be subject to the procedures set out in the CIM® Code of Ethics and Ethical Misconduct Process.				
By signing below, I agree to adhere to and abide by the CIM®:				
 Code of Ethics and CSI Ethical Misconduct Process (as described on the CIM® Certification Mark License Agreement (see page 3 of this form) Continuing Education Requirements (as described on the website) 	website)			
Signature of applicant:		Date of application:		
corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment. Please include: Application Fee \$275.00 Plus Applicable Taxes* (This fee is non-refundable.) * NOTE: Please refer to https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information If you hold 2 or more of these CSI Designations (FCSI®, CIWM, PFP®, CIM® or MTI®) in good standing, you may be entitled to a discount:				
# of CSI Designations you hold in good standing 1 2 Discount per designation \$0 \$50 Cost per designation after the discount \$275 \$225		4 \$150 \$125		
I am paying with a: O Money Order O Certified Cheque O Corporate Cheque, in the amount of:				\$
Please charge my: O Corporate Customer Account Number (Only if payer is employed	er)	No:		\$
I am paying with a credit card: O Visa O MasterCard O Amex			-	\$
Card Number:	Expiry Date	Month/Year):	:	
Name of card holder:	Signature:			
□ Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it. Doing so may result in you being charged twice.				

Please see CIM® Certification Mark License Agreement on Page 3

DECLARATION AND SIGNATURE OF APPLICANT

I declare that I have completed this application as completely as I am able and I hereby apply for the CIM® Designation.

CIM® CERTIFICATION MARK LICENSE AGREEMENT

As a holder of CSI Global Education's ("CSI") CIM® designation, you are licensed to use the CIM® certification mark (the "Certification Mark").

- 1. Licensee acknowledges that CSI owns the entire right, title and interest to the Certification Mark.
- 2. CSI hereby grants the Licensee a non-exclusive license to use the Certification Mark in association with the provision of financial services to the public for a one-year term, commencing on the date the Licensee is granted the CIM® designation. Licensee hereby explicitly acknowledges that Licensee is not entitled, by virtue of having earned this designation, to its use other than under the terms of this license. This Agreement and the license granted hereunder will be renewed automatically every year for another one-year term upon payment of an annual renewal fee and provided the Licensee is otherwise in compliance with all of the requirements associated with the CIM® designation and conveyed to Licensee by CSI.
- 3. In order to maintain the right to continue to use the Certification Mark, Licensee agrees to maintain any and all standards for the character and quality of the services to be provided in association with the Certification Mark. CSI shall convey such standards to Licensee from time to time. Such standards shall include but not be limited to the CIM® Code of Ethics. Licensee also agrees to earn any continuing education credits required by CSI.
- 4. Licensee agrees that CSI may monitor the provision of services provided by Licensee in association with the Certification Mark and that, in the event-CSI determines that the quality of those services do not meet the standards set by CSI, CSI may terminate the license upon 60 days notice. Licensee agrees that the final determination with respect to the termination of this license shall be made by the Designation Ethics Committee. Upon termination of this license, Licensee shall immediately cease to use or display the Certification Mark and/or CIM® Trademark for any purpose whatsoever.
- 5. Licensee shall at all times display the Certification Mark in accordance with the Certification Mark guidelines:

As a Licensee of the Certification Mark:

- You can use the Certification Mark as a distinctive visual symbol of the CIM® designation that can be easily recognized by employers, colleagues, and clients. In essence, as a designation holder, you can use this mark as a seal of quality and integrity.
- The Certification Mark may not be altered or modified in any way.
- To ensure that the Certification Mark appears properly, all reproduction of the Certification Mark must be made from camera-ready artwork provided by CSI.
- The Certification Mark can be used to identify a group of individuals; however, each individual listed must be current CIM® designation holders.
- The Certification Mark must not be used as part of a company name.
- The Certification Mark should be placed in close proximity to the Licensee's name. However, the Certification Mark should have enough clear space that it is not connected or a part of the Licensee's personalization or degree. The Certification Mark shall not be confused with a company logo or placed in such close proximity to a company name or logo so as to give the reader the idea that the Certification Mark certifies the company.
- 6. Licensee agrees to notify CSI, without delay, of any circumstances that may affect the licensee's ability to continue to fulfill the certification requirements.