AFP Certification Examination - Enrolment Form

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor
Toronto, ON, M5V 3C7

You may also apply online at www.csi.ca

Online applications will calculate the appropriate taxes and/or discounts where applicable.

PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL letters.)

CSI ID Number : _____ **Identity Verification:** Birthdate (yyyy/mm/dd): _____

First Name: _____ Last Name: _____

Note: Please indicate your name (including any initials used) exactly as it appears on your government-issued photo ID.

Gender: ○ Female ○ Male ○ Non-Binary

Language preference for communication: ○ English ○ French

Have you been previously enrolled with CSI or ICB? ○ Yes ○ No

If yes, what course (most recently)? _____

Your email address is required to provide confirmation and access to CSI tools and resources.

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: _____ Business Telephone: _____

What is your preferred mailing address: ○ Business Address ○ Home Address

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Business Address

Employer: _____

Street Address: _____ Suite/Floor: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Address

Street Address: _____ Suite/Apt.: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

CAREER INFORMATION

Our Industry – (Mandatory Information) – Select one (1) item only

Please indicate the type of industry that best describes your employer:

- ☐ Bank / Credit Union
- ☐ Trust
- ☐ Securities
- ☐ Investment Management
- ☐ Insurance
- ☐ Education
- ☐ Mutual Fund Distribution
- ☐ Other

My Responsibility – (Mandatory Information) – Select one (1) item only

Please select only one item by putting a check mark in the box next to the function that best describes your main responsibility

- ☐ Audit
- ☐ Branch Management
- ☐ Call Center
- ☐ Claims Agent
- ☐ Client Facing Portfolio Manager
- ☐ Commercial Lending
- ☐ Compliance
- ☐ Consumer Credit & Lending
- ☐ Corporate Services (HR, IT, Marketing, Operations, etc.)
- ☐ Corporate / Government Finance
- ☐ Customer Service Representative
- ☐ Derivatives Sales & Trading
- ☐ Discretionary Manager
- ☐ Education – Faculty
- ☐ Education – Staff
- ☐ Education – Student
- ☐ Equity Sales & Trading
- ☐ Equity Trading
- ☐ Estate / Trust / Tax Officer
- ☐ Financial Advisor / Planner
- ☐ Fixed Income Sales & Trading
- ☐ Fixed Income Trading
- ☐ Insurance Agent
- ☐ Investment Advisor

CAREER INFORMATION (continued)

My Responsibility – (Mandatory Information) – Select one (1) item only
(Continued from Page 1)

Please select only one item by putting a check mark in the box next to the function that best describes your main responsibility

- ☐ Investment Representative
- ☐ Mutual Fund Representative
- ☐ Mutual Fund Wholesaler
- ☐ New Financial Product Planning, Management, Design & Launch
- ☐ Portfolio Manager
- ☐ Research Analyst
- ☐ Risk Management
- ☐ Small Business Credit & Lending
- ☐ Trust / Estate / Tax Administration
- ☐ Trust / Tax Management
- ☐ Will / Estate Planning

Please indicate Non-CSI Designations you have been granted: _____

Please specify CSI Designations / Certificates you would like to pursue: _____

If your employer has instructed you to provide them, please enter your Employee Number or Invoice Code: _____

If your employer has instructed you to provide them, please enter your Branch Transit Number or Division Code: _____

Note: This information is available through your training or HR department. Not all employers require this information.

I authorize CSI to release my CSI course enrolment history in response to prospective employer written requests including information about my enrolments and course completions and to notify me of career opportunities. ☐ YES ☐ NO

SPECIAL NEEDS ACCOMMODATION

If you have a documented disability or medical condition which impedes your ability to write an exam, special arrangements can be made for you. To request special needs accommodation, please complete the *Request For Accommodation Form* available on the CSI website and submit it to the Accessibility Intake Representative along with your documentation. Please make your request as soon as possible after you enrol, so we have enough time to arrange your accommodation.

ENROLMENT INFORMATION

IMPORTANT: If you are enrolling through, or being funded by your employer, you may be eligible for preferred pricing. Please contact your Training or HR department.

Name of Activity	Language	Fee
Applied Financial Planning (AFP) Certification Examination	E	

*** NOTE: Please refer to:**
https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information

Note: Where incorrect fees are listed or calculation errors are made, CSI will automatically charge your account with the proper amount.

Total Fee(s): _____

Applicable Taxes* : _____

Total Payable: _____

PAYMENT METHOD

All fees are in Canadian funds and can be paid by money order, certified or corporate cheque, Visa, MasterCard or Amex. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

I am paying with a: ○ Money Order ○ Certified Cheque ○ Corporate Cheque, in the amount of: $ _____

Please charge my: ○ Corporate Customer Account Number (Only if payer is employer) No: _____ $ _____

I am paying with a credit card: ○ Visa ○ MasterCard ○ 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.

IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email. Forms with payment information will be deleted immediately. Please fax or mail in your form to avoid delay.

PRIVACY POLICY

I have read CSI's *Policies and Guidelines* including *the Refund Policy*, *Privacy Policy* and *Student Code of Conduct* described on the website at www.csi.ca and agree to abide by the rules and regulations outlined in it.

CSI's privacy policy is designed to protect your personal information. This policy describes the personal information that CSI requires, how it will be used and under what circumstances it may be distributed to third parties. Very briefly, CSI needs to obtain certain information about you to enrol you in a course and to match your results to your academic file. Without it, we cannot accept you as a student as we wouldn't be able to create a student record for you. We will ask for information such as your name, address and credit card number. We will only ask for the information we need, we will keep it safe and we will not sell or distribute it to anyone else. We may share it with our suppliers to better serve you, to compile records or to report to the regulators. We will not give any information to your employer unless you complete the information release consent form, or breach CSI's *Student Code of Conduct*.

By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI and I agree to abide by the CSI Student Code of Conduct.

Name: _____ Signature: _____ Date: _____

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enrol.

INFORMATION RELEASE CONSENT (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in the AFP Certification Examination. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enrol in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.

Name: _____ Signature: _____ Date: _____

Employer: _____ Manager's Name: _____ Manager's Telephone: _____