

Certificate in Advanced Investment Advice Application Form

Please complete and fax or mail form to CSI:

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

Address: 400 - 625 René-Lévesque Blvd West

Montreal, QC, H3B 1R2

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 lett	ers.)				
Student Number: Ident	tity Verification: Birthdate (yyyy/mm/dd):	1 1			
Note: Please indicate your name (including any initials used) exactly as it appear	rs on your government-issued photo ID.				
First Name:	Last Name:				
Gender: O Male O Female	Language preference	for communicat	on: O Eng	lish O F	rench
Preferred Email Address:	Alternate Email Address:				
Home Telephone:	Business Telephone:		1 1		
Business Address					
Job Title:	Employer:				
Street Address:		Suite/Floor:			
City: Province:	Country:	Postal Code:			
Home Address					
Street Address:		Suite/Apt.:			
City: Province:	<u>-</u>				
To which address would you like us to send your Certificate: O Business					
·					
REQUIREMENTS					
To be eligible for the Certificate In Advanced Investment Advice you must have	successfully completed:				
			Date	Comple	eted
□ Canadian Securities Course (CSC®)					
- AND -					
□ Wealth Management Essentials (WME)					
Advanced Investment Strategies (AIS)					
- OR- □ WME Investment Management Supplement (WME-IMS)					
- OR - □ Investment Management Techniques (IMT®)					
- AND -			-		
☐ Fundamentals of Financial Planning (FOFP)					
- OR - □ Professional Financial Planning Course (PFPC)					
- OR - ☐ Hold (in good standing) one of the following designations (If us	sing the CFP, please include a copy of your d	esignation Notic	e of Comp	oletion.)	
* Note: External Designation Recognitions are subject to CSI's		-	-		
□ PFP®					

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

Please include: Fee \$30.00 Plus Applicable Taxes*

* NOTE: Please refer to https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information						
I am paying with a: O Money Order O Certified Cheque O Corporate Cheque, in the	\$					
Please charge my: O Corporate Customer Account Number (Only if payer is employe	\$					
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 cred Doing so may result in you being charged twice.	dit card. Do not mail this form to	CSI if you are faxing it.				
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.						
AGREEMENT REGARDING THE USE OF THE CERTIFICATE IN ADVANCED INVE	ESTMENT ADVICE					
 I acknowledge that The Certificate in Advanced Investment Advice is owned and addesignation and does not reflect nor indicate job function or provincial securities reg 	· · · · · · · · · · · · · · · · · · ·	cation. I understand that the certificate is not a				
• I understand that as a holder of the certificate I may advise clients that I hold the Couse of the letters with or after my name.	ertificate in Advanced Investme	ent Advice, which however, does not entitle me to the				
• In accepting the certificate, I undertake to use the certificate in the normal conduct of business and understand that use contrary to these terms will not be accepted or condoned by CSI. Further I agree that if I breach these terms CSI may suspend or revoke my right to use the certificate upon written notice to me and if deemed applicable, notice of suspension or revocation of the certificate may be sent to the appropriate authorities.						
I acknowledge the information I have provided in this form is accurate and true.						
Applicant's signature:		Date of signature:				
NOTE: It is recommended that you leave a copy of this application for reference murae						

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