



**DECLARATION AND SIGNATURE OF APPLICANT**

Please check all required fields

\* = Required field

I declare that I have completed this application as completely as I am able and I hereby apply for the Fellow of CSI (FCSI®).

I confirm that:

\*There have not been allegations or complaints made against me of a legal, criminal, or disciplinary nature related to my professional conduct.

- OR -

\*There have been/are allegations or complaints that have been made against me of a legal, criminal, or disciplinary nature related to my professional conduct ("Professional Conduct Issue"). I have attached all relevant paperwork regarding the Professional Conduct Issue, including details of any disciplinary action taken in relation to same. I understand and agree that the paperwork I have provided in relation to the Professional Conduct Issue will be forwarded to CSI and shared with the Designation Ethics Committee.

- AND -

\*I understand that this application will be subject to the procedures set out in the FCSI® Code of Ethics and Ethical Misconduct Process.

Further, by signing below, I agree to adhere to and abide by the FCSI®:

**Work Experience Requirements**

\*I declare that I have worked in the financial services industry for seven (7) of the last ten (10) years. I understand that this declaration will be verified by CSI and that CSI will contact the person I have identified (for verification purposes only).

**Endorsement Requirements**

\*I declare that my supervisor will endorse me for the FCSI® credential. I understand that this declaration will be verified by CSI and that CSI will contact the person I have identified (for verification purposes only).

- OR -

\*I declare that an active Fellow of CSI will endorse me for the FCSI® credential. I understand that this declaration will be verified by CSI and that CSI will contact the person I have identified (for verification purposes only).

**Industry Contribution Requirements**

\*I understand, and agree to comply with the FCSI® Industry Contribution Requirements to complete a minimum of 12 hours per calendar year as set out in the FCSI® Industry Contribution Assessment Tool.

**Trademark Licence Agreement**

\*I understand that CSI grants me licence to use the FCSI® Trademark for a one-year term and that if I do not renew my FCSI® licence, CSI will terminate my licence to use the FCSI® Trademarks.

\*Signature of applicant: \_\_\_\_\_ \*Date of application: \_\_\_\_\_

To view the FCSI® Work Experience Assessment Tool, Industry Contribution Requirements, Code of Ethics and Trademark Licensing Agreement, please visit the Financial Professionals section on the FCSI® website at [www.fcsi.ca](http://www.fcsi.ca).

**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: 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](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	3	4
Discount per designation	\$0	\$50	\$100	\$150
Cost per designation after the discount	\$275	\$225	\$175	\$125

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.**

## **Mandatory - Experience Verification Contact Information**

Please provide contact information for the person (or persons) who will be able to verify your work experience declaration. On this application, you are required to provide details on your length of employment within each position you have held, which will allow CSI to affirm that the **7 years out of the last 10** have been fulfilled. However, you are given the option of providing one or more verifiers. For example, if your current supervisor is able to confirm all of your past experience, then you will require only one verifier. If, however, your current supervisor is not able to verify all past experience, then you will need to include your current supervisor (for current position) **and** one or several past supervisors to cover the other positions you have provided for the fulfillment of the required experience.

Provision of this contact information is your acknowledgement that CSI may retain this information on your file and contact the individual for this purpose only.

From (Year/Month): \_\_\_\_\_ To (Year/Month): \_\_\_\_\_

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French

From (Year/Month): \_\_\_\_\_ To (Year/Month): \_\_\_\_\_

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French

From (Year/Month): \_\_\_\_\_ To (Year/Month): \_\_\_\_\_

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French

From (Year/Month): \_\_\_\_\_ To (Year/Month): \_\_\_\_\_

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French

From (Year/Month): \_\_\_\_\_ To (Year/Month): \_\_\_\_\_

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French

## **Mandatory - Endorser Contact Information**

Please provide contact information for your endorsement declaration. Provision of this contact information is your acknowledgement that CSI may retain this information on your file and contact the individual noted for this purpose only.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language preference for communication:  English  French