



Fellow of CSI (FCSI®) Licence Renewal Application

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.)

Student Number : **Identity Verification:** Birthdate (yyyy/mm/dd):

First Name: _____ Last Name: _____

Gender : Male Female Language preference for communication: English French

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: Business Telephone:

Business Address

Job Title: _____ Employer: _____

Street Address : _____ Suite/Floor : _____

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

Home Address

Street Address : _____ Suite/Apt. : _____

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

Note: Please be sure to update your online profile for the FCSI® Directory.

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 renewal of the FCSI® Licence.

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®:

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 Maintaining your FCSI® on www.fcsi.ca.

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® license, CSI will terminate my licence to use the FCSI® Trademarks.

Signature of applicant: _____ Date of application: _____

To view the FCSI® Industry Contribution Requirements, Code of Ethics and Trademark Licencing Agreement, please visit the Financial Professionals section on the FCSI® website at 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. **NOTE: All fees are taxable as well as non-refundable.** Please refer to https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information.

IMPORTANT: Please include: Annual Licence Renewal Fee \$275.00.

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
<u>Cost per designation</u> after the discount	\$275	\$225	\$175	\$125

Late renewals, if done within 12 months of your licence renewal date, are subject to a Late Fee of \$50.

If you have not renewed within 12 months of your license renewal date, you will be required to pay a late fee of \$50, a reinstatement fee of \$275 and the standard annual licence renewal fee of \$275. You will also be asked to prove completion of your FCSI® Industry Contribution Requirements for all the years of non-renewal by submitting the required supporting documentation.

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.