



LICENSE APPLICATION FELLOW OF CSI (FCSI®)

Please complete and upload or mail form to CSI:

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):

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

First Name:

Last Name:

Gender: Female Male Non-Binary

Language preference for communication: English French

Preferred Email Address:

Alternate Email Address:

Home Telephone:

Business Telephone:

BUSINESS ADDRESS (If applicable: Branch Transit Number: Employee Number:)

Job Title:

Employer:

Street Address: Suite/Floor:

City: Province: Country: Postal Code:

HOME ADDRESS

Street Address: Suite/App:

City: Province: Country: Postal Code:

To which address would you like us to send your Certificate: Business Address Home Address

Which address would you like listed in our FCSI® directory? Business Address Home Address I do not wish to have my address listed

NOTE: Please be sure to fill out your profile online once your application for certification has been accepted.

FCSI® EDUCATIONAL REQUIREMENTS

a. Designation

Please indicate the designation you hold and are using towards achieving the FCSI®: * Year granted:

* **NOTE:** External Designations are subject to CSI's External Designation Recognition policy and fee. See *details* at www.csi.ca

b. Two (2) Additional CSI Courses – Courses must be from a different stream than that leading to the Designation specified in item a).

For additional information, please visit the *Learning Path* section on the FCSI® website at www.fcsi.ca.

1. Year passed:

2. Year passed:

c. Financial Services Industry: Business Drivers and Challenges course (FSDC) Year passed:

FCSI® 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 Fellow of CSI (FCSI®).

I confirm that:

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).

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

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).

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

FIT AND PROPER REQUIREMENT

Have you ever been accused of professional misconduct, disciplined or reprimanded by, or had a licence suspended or revoked by, an employer, professional association or administrative or regulatory authority (i.e. securities commission, law society, real estate association, IIROC, MFDA, Insurance Regulator, FINRA, etc.)? Yes No

Are you currently bankrupt or have you at any time in the past 5 years been adjudged bankrupt? Yes No

Have you ever been convicted of a criminal offence* in any jurisdiction for which a record suspension or a pardon has not been granted? Yes No

Have you ever been convicted of an offense under any financial services or consumer protection legislation in any jurisdiction (i.e., laws regulating the sale of securities, insurance, real estate, mortgages, etc.)? Yes No

If you have answered "Yes" to any of the questions above, please attach all relevant paperwork, including details of any punishment or disciplinary action taken. Any information you provide will be collected, stored and used in accordance with applicable law and our privacy policy and will be shared with the Designation Ethics Committee to determine your suitability for the designation.

* "Criminal offence" excludes an offence (i) under a provincial regulatory statute, such as the Highway Traffic Act, unless the provincial statute is specifically listed above and unless the provincial conviction involved an offence of dishonesty or theft, such as perjury or subornation of perjury, false statement, fraud, embezzlement, or false pretense, or any other offense the commission of which involves some element of deceit or untruthfulness, and (ii) an offence punishable by summary conviction only that is not an offence of dishonesty or theft.

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.

You are not required to submit your documentation on an annual basis, however from time to time some members may be subject to random audits.

TRADEMARK LICENSE AGREEMENT

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

Signature of applicant: _____

Date of application: _____

PAYMENT METHOD

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

Please include: Application Fee \$325.00 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:

Number of CSI Designations you hold in good standing	1	2	3	4
Discount per designation	\$0	\$50	\$100	\$150
COST PER DESIGNATION <i>after</i> the discount	\$325	\$275	\$225	\$175

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 have submitted my payment online

I am aware that I must upload this form and supporting documentation (if applicable). I understand that my request must be approved before my fees will be processed.

**IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email.
Forms received with credit card information via email will be deleted immediately.**