

# Associate Application Form (ASI)

All questions to be answered and printed in ink and in block capitals.

(Details of admission criteria can be found on our website [www.securities-institute.org.uk](http://www.securities-institute.org.uk))

<p><b>1. Personal details</b></p> <p>Title _____</p> <p>First name(s) _____</p> <p>Surname _____</p> <p>Private address _____</p> <p style="text-align: right;">Postcode _____</p> <p>Tel. _____ Fax. _____</p> <p>Email _____</p> <p>Date of birth _____</p> <p>Nationality _____</p> <p>Former name(s) if any _____</p> <p>Date of change _____</p>	<p><b>2. Work details</b></p> <p>Firm name _____</p> <p>Job title _____</p> <p>Department _____</p> <p>Firm address _____</p> <p style="text-align: right;">Postcode _____</p> <p>Direct tel. _____</p> <p>Direct fax. _____</p> <p>Email _____</p>
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**3. Securities Institute Qualification** *(please give details)*

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**4. Other Professional Qualifications** *(please attach a certified copy of the pass certificate)*

<b>Qualifications</b>	<b>Designatory letters</b>
_____	_____
_____	_____
_____	_____

**5. Academic Qualifications** *(please state your highest level of academic qualification, e.g. A' Levels or degree)*

\_\_\_\_\_

**6. Contact information** *(tick one)*

Correspondence to be delivered to:  Work  Home

Preferred communication method:  Mail  Email  Either

Address to appear in Members directory:  Work  Home  None

Who will pay annual subscription?  Firm  Self

*If firm, please provide the following information:*

Dept: \_\_\_\_\_ Cost centre: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address *(if different from above)*: \_\_\_\_\_

\_\_\_\_\_

**7. Area of work** *Please tick box(es):*

<p><b>Institutional Sales</b></p> <p><input type="checkbox"/> Equities</p> <p><input type="checkbox"/> Bonds/Fixed Interest</p> <p><input type="checkbox"/> Gilts</p> <p><input type="checkbox"/> Derivatives</p> <p><input type="checkbox"/> Commodities</p> <p><input type="checkbox"/> Swaps</p>	<p><input type="checkbox"/> Market Maker</p> <p><input type="checkbox"/> Corporate Finance</p> <p><input type="checkbox"/> Institutional Fund Manager</p> <p><b>Private Client Advice</b></p> <p><input type="checkbox"/> Advisory</p> <p><input type="checkbox"/> Discretionary</p>	<p><input type="checkbox"/> Legal and Compliance</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> IT</p> <p><input type="checkbox"/> Analyst</p> <p><input type="checkbox"/> Operations</p> <p><input type="checkbox"/> Training</p>
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Other  
Please specify: \_\_\_\_\_

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**Please post or fax this form to:**

Membership Department, Securities Institute, Centurion House, 24 Monument Street, London EC3R 8AQ  
 Email: [memberservices@securities-institute.org.uk](mailto:memberservices@securities-institute.org.uk) Tel: 020 7645 0650 Fax: 020 7645 0601 [www.securities-institute.org.uk](http://www.securities-institute.org.uk)

