



# 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.sii.org.uk](http://www.sii.org.uk))

**1. Personal details**

Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Private address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Former name(s) if any \_\_\_\_\_

Date of change \_\_\_\_\_

**2. Work details**

Firm name \_\_\_\_\_

Job title \_\_\_\_\_

Department \_\_\_\_\_

Firm address \_\_\_\_\_

Postcode \_\_\_\_\_

Direct tel. \_\_\_\_\_

Direct fax. \_\_\_\_\_

Email \_\_\_\_\_

**3. Securities & Investment Institute Qualification** (please give details)

\_\_\_\_\_

**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):

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

**Please post or fax this form to:**  
 Membership Department, Securities & Investment Institute, 8 Eastcheap, London EC3M 1AE  
 Email: [memberservices@sii.org.uk](mailto:memberservices@sii.org.uk) Tel: 020 7645 0650 Fax: 020 7645 0601 [www.sii.org.uk](http://www.sii.org.uk)

\* The SII reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.  
 The SII reserves the right to refuse applications where information supplied is found to be false

### 8. Declaration

1. I have not been adjudged bankrupt or insolvent or compounded with my creditors and I am not currently subject to disciplinary procedures by the FSA or any professional body
2. I apply to become an Associate member of the Securities & Investment Institute and agree to abide by the Membership Rules and the Institute's Memorandum and Articles of Association, and to uphold its high standards as published in its Professional Code (Rules and Code available from website, Memorandum and Articles available on request). Any breach of the Rules may give rise to disciplinary procedures and termination of my membership
3. I agree to maintain competence through CPD as outlined in Annex 3 of the Membership Rules
4. I know of no reason why I should not become an Associate member

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

### 9. Referee

(Only required for applicants who do not have regulatory approval.)  
Referee — either a Member or Fellow of the Securities & Investment Institute or a person who exercises a governing function or a significant management function under FSA rule Sup 10.4.5

I support (full name) \_\_\_\_\_

in applying to become an Associate member of the Securities & Investment Institute. I believe from my personal knowledge of him/her, that he/she fulfils the requirements of the Securities & Investment Institute.

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

Job title: \_\_\_\_\_

Date: \_\_\_\_\_

### 10. Payment (Please complete as appropriate)

The joining fee for Associate membership is £25 and the annual subscription is £115. The joining fee and subscription are payable at the time of application. **Thereafter, subscriptions are due annually on 1st April**, and may be paid by direct debit (see below).

The membership fee is payable on a pro-rata basis at any stage of the year. Please tick the following box if you are joining between:

- Apr - Jun - £115  
£140 inc joining fee
- Jul - Sep - £86.25  
£111.25 inc joining fee
- Oct - Dec - £57.50  
£82.50 inc joining fee
- Jan - Mar - £143.75 (includes fees for the following subscription year)  
£168.75 inc joining fee

If paying by cheque or credit card please ensure you pay the joining fee and correct pro-rata amount.

Receipt required

#### Payment by firm:

I authorise payment for membership to be invoiced to our general account:

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ HR department

#### Payment by cheque:

Cheques should be made payable to:

'Securities & Investment Institute Ltd' and crossed  
'Account Payee only'.

Cheque attached

#### Payment by Card:

I wish to pay by: \***American Express/Delta/Eurocard/MasterCard/Switch/Visa** \*Delete as applicable

I authorise you to debit my account with the amount of  Apr - Jun - £140  Jul - Sep - £111.25  Oct - Dec - £82.50  Jan - Mar - £168.75

Card number:

Expiry date: \_\_\_/\_\_\_

Switch/AMEX issue date: \_\_\_/\_\_\_

Switch only issue No: \_\_\_\_\_

Card holder's name: (if different to that in Section 1 of this form) \_\_\_\_\_

Signature: \_\_\_\_\_

### Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in this form and send the original hard copy by post to:

Membership Department, Securities & Investment Institute, 8 Eastcheap, London EC3M 1AE



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Originator's Identification Number

8  5  9  0  0  5

Originator's reference number

Sec/Inst/

(for office use only)

#### Instruction to your Bank/Building Society

Please pay the Securities & Investment Institute Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that the amounts are variable and may be debited on various dates.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account

This guarantee should be photocopied and retained by the Payer.

### The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency & security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, the Securities & Investment Institute will notify you in advance of your account being debited or as otherwise agreed.
- If an error is made by the Securities & Investment Institute or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Securities & Investment Institute would like to keep you informed of products and services that may be of interest. If you do not wish to receive this information, please tick this box: