

Membership Application Form (MSI)

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)

1. Personal details Title _____ First name(s) _____ Surname _____ Private address _____ _____ <div style="text-align: right;">Postcode _____</div> 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 _____ _____ <div style="text-align: right;">Postcode _____</div> Direct tel. _____ Direct fax. _____ Email _____
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3. Securities & Investment Institute Qualification (please give details)

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

Qualifications	Designatory letters
_____	_____
_____	_____
_____	_____

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):

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

Please post or fax this form to:
 Membership Department, Securities & Investment Institute, 8 Eastcheap, London EC3M 1AE
 Email: memberservices@sii.org.uk Tel: 020 7645 0650 Fax: 020 7645 0601 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

