

International Membership Application Form

Student
 Affiliate
 ASI
 MSI

Please tick the level for which you are applying and note that all questions should be answered.

Please write in black ink and use capitals.

Upgrade, reinstatement and FSI application forms can be found on our website 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 _____
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3. SII Qualifications
 gained
 being studied (please tick and give details) eg, IAQ™

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

Professional Qualifications _____	Designatory letters _____
_____	_____
_____	_____

5. Highest Academic Qualifications
 gained
 being studied (please tick), eg, A Levels or degree

6. Contact information (tick one)

Correspondence to be delivered to:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	
Preferred communication method:	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Either
Address to appear in Members' directory:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> None
Who will pay your annual subscription?	<input type="checkbox"/> Firm	<input type="checkbox"/> Self	

If firm, please provide the following information:

Department _____ 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	<input type="checkbox"/> Other Please specify _____ _____ _____ _____ _____
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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 Website: 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

- 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.
- I apply to become a 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 (Membership Rules and Professional Code available on the website, Memorandum and Articles of Association available on request). Any breach of the Membership Rules may give rise to disciplinary procedures and termination of my membership.
- I agree to maintain competence through CPD as outlined in Annex 3 of the Membership Rules
- I know of no reason why I should not become a member.

Signature _____

Name in full _____

9. Referee

(Only required for applicants who do not have regulatory approval.)

The referee must be either a Member or Fellow of the Securities & Investment Institute or someone with senior management responsibility at your firm.

I support (full name) _____

in applying to become a 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)**MSI: the joining fee is £50 and the annual subscription is £116.50 pro rata**

- Apr - Jun £116.50 Jul - Sep £87.50 Oct - Dec £58.25 Jan - Mar £145.75 (includes fees for the following subscription year)
- £166.50 inc joining fee £137.50 inc joining fee £108.25 inc joining fee £195.75 inc joining fee

ASI: the joining fee is £25 and the annual subscription is £86.25 pro rata

- Apr - Jun £86.25 Jul - Sep £64.75 Oct - Dec £43.00 Jan - Mar £108.00 (includes fees for the following subscription year)
- £111.25 inc joining fee £89.75 inc joining fee £68.00 inc joining fee £133.00 inc joining fee

Affiliate: there is no joining fee and the annual subscription is £67.50 pro rata

- Apr - Jun £67.50 Jul - Sep £50.75 Oct - Dec £33.75 Jan - Mar £84.50 (includes fees for the following subscription year)

Student: there is no joining fee and the annual subscription is £25

If paying by cheque or credit card please ensure that you pay the joining fee and the 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 £ _____

Card number

Expiry date ____/____

Switch/AMEX issue date ____/____

Switch only issue no _____

Cardholder'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

Originator's Identification Number

8	5	9	0	0	5
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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.

The 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