



Licence Application Fellow of CSI (FCSI®)

Please complete and mail or fax form to CSI:

Address: 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

For further information, please contact us by:

Telephone: 1 (866) 866-2601 (Canada & USA) or 416-364-9130

Email: customer_support@csi.ca

PERSONAL INFORMATION (Please use CAPITAL letters.)

Student Number :

Identity Verification: Birthdate (mm/yyyy):

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

First Name:

Last Name:

Gender: Male Female

Language preference for communication: English French

Preferred Email Address:

Alternate Email Address:

Home Telephone:

Business Telephone:

Business Address

Job Title: Employer:

Street Address: Suite/Floor:

City: Province: Country: Postal Code:

Home Address

Street Address: Suite/Apt.:

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

COURSES COMPLETED AND DOCUMENTS SUBMITTED

a) Designation

- CSWP® Year passed
- or PFP® Year passed
- or CIM Year passed
- or DMS Year passed
- or FMA Year passed
- or MTI® Year passed

b) Financial Services Industry: Business Drivers and Challenges (FSDC) course

FSDC Year passed

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

DMS designees must choose the CSC. Otherwise, you may choose from:

AETS, AIS, ARMS, BMC, CAI, CCO, DFC, DFOL, ETA, FP II, FRM, IMT, OPSC, PDO, PMT, TAC, TTC, WME

(Note that we also accept courses from the Professional Banking Program(PBP)/FICB)

Year passed

and Year passed

d) Employer(s) Letter(s) confirming seven years of experience in Financial Services within the last 10 years

Included

e) Sponsorship Letter

Included

PRESENT EMPLOYMENT IN THE FINANCIAL SERVICES INDUSTRY

The following should be signed by an officer, partner, director or senior official of your employer. Applicants may not confirm their own employment.

I confirm that as of the date shown below the applicant is employed in the financial services industry:

Print name of officer, partner, director or senior official: _____

Name of employer: _____

Signature of officer, partner, director or senior official: _____ Title or position: _____

DECLARATION AND SIGNATURE OF APPLICANT Please check all required fields * = Required field

* I declare that I have completed this application as completely as I am able and I hereby apply for the Fellow of CSI®. Further, I agree to adhere to and abide by the FCSI:

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).

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.

Code of Ethics

As an FCSI® holder and throughout my annual licence period, I agree that:

* I will continue to uphold the FCSI® Code of Ethics.

* There have **not** been allegations or complaints made against me of a legal, criminal, or disciplinary nature related to my profession

- OR -

* There have **been/are** allegations or complaints made against me of a legal, criminal, or disciplinary nature related to my profession. I have attached the paperwork regarding the process, including any disciplinary action taken. By selecting this statement, I understand and agree that this paperwork will be forwarded to CSI and shared with the FCSI Ethics Committee. The application will be subject to the procedures set out in the FCSI Code of Ethics..

Trademark Licence Agreement

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

* Signature of applicant: _____ *Date of application: _____

To view the FCSI Work Experience Assessment Tool, Industry Contribution Requirements, Code of Ethics and Trademark Licencing Agreement, please visit the Financial Professionals section on the FCSI website at www.fcsi.ca.

PAYMENT METHOD

All fees are in Canadian funds and can be paid by money order, cheque, Visa, MasterCard or Amex. Please make cheques and money orders payable to CSI Global Education Inc. NSF cheques will result in a \$40 (plus applicable taxes) surcharge, and must be replaced by a money order, certified cheque or credit card payment. CSI cannot process forms received without payment information or proper payment.

Applicable taxes: (GST/HST 869314518RT0001) (QST: TQ0001 1200091783)

- Please indicate the fee that you are paying: BC, ON, NB, NL, NS residents: \$100 + HST *
- Quebec residents: \$100 + GST (5%) + QST (8.5%)
- Residents of all other Provinces and Territories: \$100 + GST (5%)
- International residents: \$100

* **NOTE: Please add HST as follows – BC (12%), ON, NB and NL (13%), NS (15%).**

I am paying with a: Personal Cheque Corporate Cheque Money Order in the amount of: \$ _____

Please charge my: Corporate Customer Account Number (Only if payer is employer) No: _____ \$ _____

I am paying with a credit card: Visa MasterCard Amex \$ _____

Card Number: _____ Expiry Date (Month/Year): _____

Name of card holder: _____ Signature: _____

Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it. *Doing so may result in you being charged twice.*