CFP[™] Certification Renewal Form

You can complete this form electronically and sign with your electronic signature



1. I would like to renew as a CERTIFIED FINANCIAL PLANNER™ Professional

	FCA Number (if applicable)
2. Personal details	3. Work details
Title	Firm name
First name(s)	Job title
Last name	Department
Home address	Firm address
Postcode	
Tel. (include country and local code)	
Mobile	Postcode
Email	Tel. (include country and local code)
Date of birth DD/MM/YYYY	Email
Former name(s) if any	
CPD Declaration I confirm I have completed 35 hours CPD in the last 12 months white 6. Disciplinary History	ch is recorded on the CISI CPD scheme.
Have you been the subject of any complaints (as defined by the FC	A) in the past 12 months?
 If Yes, please could you provide the following information with you A brief summary of the complaint; If the complaint was upheld; If there was a settlement agreed with the client; If the complaint was reported to the FOS; If the FOS upheld the complaint or if the complaint is still pending. 	
Have you ever been convicted of a criminal offence or been a defer	ndant in criminal proceedings? Yes No
Have you entered an Individual Voluntary Agreement (IVA) or equiv with your creditors or been adjudged bankrupt or insolvent or com Please note that you do not need to disclose convictions that are spent under th a standard or enhanced Disclosure and Barring Service (DBS) check.	
 uphold its high standards as published in its Professional Code of to disciplinary procedures and termination of my membership. 2. I agree to adhere to the marks usage guidelines for the CFP™ maccompliance with any of the above can trigger disciplinary action my right to use the CFP™ mark and other designations where agrarks. 3. I agree to maintain competence through CPD by completing 35 houres. 4. I understand that by holding the CFP™ certification that my personal content of the CFP™ certification that my personal content of the certification the certification the certificat	n, and I understand that the CISI has the right to refuse and revoke oplicable and should this happen I agree that I will stop using the CFP urs CPD with a minimum of 21 hours being structured annually.
Board Ltd. Signature:	

Name in full:

Date:

Please return your application form to: CFPTM Certification Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY or scan and email a copy to cfp@cisi.org

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