

Reference:
(CII use only)



Please refer to the Notes & Fees for Membership leaflet that accompanies this form.

SMP Membership application form

Section A – Personal details

(Please complete all fields – it is essential we have your email address as this is our main channel of contact with you)

Please give your CII permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/Ms Surname

Forenames Date of birth

Daytime tel Mobile

email

Employer name

Job title

Work address

Postcode Country

Home address

Postcode Country

Address to be used for correspondence Home Work

Please tick one box per category

Type of organisation

- a) **General Insurance** Insurance company Broker/Intermediary Reinsurance company/broker Loss adjuster/ Loss assessor
 Bank/Building society Consultancy Legal Lloyds
 Other
- b) **Mortgage** Mortgage intermediary/adviser Network Packager Estate Agent
 Bank Building Society Specialist lender Other
- Area of work** Advising clients Underwriting Finance Product selling to advisers
 HR/Training Compliance Broking Claims/Loss adjusting
 Technical adviser Mortgages Risk Management/Surveying Other
 Sales/Marketing Claims Administration/Processing
- Job category** Administrative Technical Advisory Supervisory/Controller
 Middle management (Branch, Office, Dept) Senior management (General, Head of) Executive (CEO, Director) Business owner
 Other

Section B – Local/regional options

You will be allocated to a local institute of your choice. Please give your preference below (see note 3).

I would like to join (where applicable):

You are able to join one faculty for free. Please give your faculty preference here (see note 2).

Section E – (continued)

Option 2 – Annual methods of payment

Tick method of payment, and if applicable complete the card details.

If the Insurance Institute of London is your local institute you will continue to pay an additional £3 a year

Annual Direct Debit (please complete the Direct Debit mandate)

Cash/cheque payable to the Chartered Insurance Institute/The Personal Finance Society (please write your PIN on the back of the cheque)

Credit/debit card: Please debit my/our account with the total cost of the goods and services ordered on this form

Type of card (please tick) VISA MASTERCARD DELTA MAESTRO SOLO

Valid from* Expiry date* Issue number* (Solo/Maestro only)

Card number*

*Please complete according to the information on your credit/debit card.

Cardholder's name and address if different from address in Section A

Cardholder's signature

Date

Section F – Declaration

Declaration: I work in the Insurance and Financial Services Industry and I confirm that I am eligible to apply for the designatory letters I have specified and hereby apply to become a member of The Chartered Insurance Institute (CII) at the level stated. I agree, if admitted, to abide by the Charter and Bye-Laws and Code of Ethics of the Institute and by the Constitution and Bye-laws of any local institute of which I may become a member. I also agree to commit myself to an annual programme of Continuing Professional Development (only applicable to qualified members). If at any time I cease to be a member of The CII, I undertake to return any certificate of membership.

Bankruptcy and Individual Voluntary Arrangements: Have you ever been made bankrupt or been the subject of an individual voluntary arrangement (or any such similar procedure)? Yes No If yes, please give details on a separate sheet of paper.

Criminal convictions: Do you have any convictions for any offence other than a monetary fixed penalty for a motoring offence which are not yet spent under the Rehabilitation of Offenders Act or have you been charged with (but not yet tried with) any offence other than a monetary fixed penalty for a motoring offence? Yes No If yes, please give details on a separate sheet of paper.

You are required to let the CII know if you are made bankrupt, become the subject on an individual voluntary arrangement (or any such similar procedure) or are convicted of any offence (other than a motoring offence with a monetary fixed penalty) in the future.

Data Protection and Privacy

The CII is registered under the Data Protection Act 1998 and will ensure that in providing products and services to you, it (and its business associates) will process your personal data fairly. By submitting this application, I consent to the CII processing my data. Full details are included in the CII Data Protection and Privacy statement which is available on the CII's website.

Disciplinary sanctions and proceedings:

Have you ever had any disciplinary sanctions applied to you by the CII/PFS or any other professional and/or membership body or regulatory authority or are you currently the subject of any disciplinary investigations by the CII/PFS or any other professional and/or membership body or regulatory authority? Yes No If yes, please give details on a separate sheet of paper.

You are required to let the CII/PFS know if disciplinary sanctions are applied to you by any other professional and/or membership body or regulatory authority in the future.

Examination candidates only: Where your employer pays for any of your tuition including e-learning, examination entries, course books or membership fees, the CII will upon the employer's request provide your employer with details of your membership status and/or examination record including attempts, unless you tick this box.

Privacy and Electronic Communications Regulations

We may from time to time wish to draw your attention to other CII products and services which are likely to be of interest to you. The CII will assume that you consent to us using your data in this way, unless you tick the following box.

We may also share your data with third parties who will use this for similar purposes, but will never sell your personal data to third parties. The CII will assume that you consent to us using your data in this way, unless you tick the following box.

Your right to cancel: I recognise that in accordance with The Consumer Protection (Distance Selling) Regulations 2000 I have a right of cancellation in respect of Services, listed in this form, which right shall (subject to the Regulations) expire seven working days from the day after the date on which my order for services is accepted by the CII. In the event I wish to cancel I will send notice to Customer Service. I accept that reimbursement for any monies paid by me which relate to the cancellation will be sent to me within 30 days of CII receiving the notice of cancellation.

You must answer the questions on this form truthfully, including the declarations you make. Any information you provide which is misleading or untrue may result in your membership being cancelled. It may also lead to disciplinary or criminal proceedings. If there are any questions or any parts of the declaration which you do not understand then you can refer to the CII website www.cii.co.uk/explanatorynotes although the CII do not accept any liability for information or clarification given.

Signature

Date