

Section One: Personal Details

Full Name:	
Address:	
Phone:	
Mobile:	
Email:	
FSA Registration No:	

Section Two: Company Details

Company Name:	
Company Address:	
Telephone Number:	
Position in Company:	
Length Position Held:	
Number of Employees in Company:	
Directly Authorised & Regulated:	
Appointed Representative:	
Part of a Network:	
Other:	

Section Four: Financial Qualifications Achieved

Code	Subject	Date Gained	Grade	Refreshed

Section Five: Other Qualifications Achieved

Code	Subject	Date Gained	Grade	Refreshed

Section Six: Areas of Practice (please tick all that apply)

	<u>Sometimes</u>	<u>Often</u>	<u>Main area</u>		<u>Sometimes</u>	<u>Often</u>	<u>Main area</u>
Saving Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Pension Schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Trusts/OEICs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pension Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wills/Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offshore Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholder & Personal Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protection/Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Personal Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Section Seven: Professional Development

Qualifications you are currently studying (please list all)

Subjects:

Qualifications you plan to study and when:

Professional Memberships held:

Personal/Business Memberships held:

Section Eight: Additional Comments

Please add any additional notes or comments that you think might be relevant:

Please include an up to date CPD log with this application

I confirm that the information I have provided on this form and any supporting documents is correct and complete.

Signed

Date

Please return the form to:

Standards International Limited, 5 The Granary, Fairclough Hall Farm, Weston, Hertfordshire, SG4 7DP