

Appeal Application

You are advised to read the CISI Appeals Policy before deciding to appeal. If you have any queries, please call us on +44 20 7645 0777 or email customersupport@cisi.org

1. Personal details

Candidate Number (If known):

Membership Number (If known):

Forename(s):

Surname:

Title (e.g. Mr/Mrs/Miss/Ms/Dr):

Date of birth: / /

Email:

2. Type of Appeal tick as appropriate

- A. the outcome of a query investigation about a multiple-choice question (MCQ) examination
- B. the outcome of a query investigation about a narrative (written) examination
- C. the outcome of a query investigation about moderation of internally marked assessments
- D. the outcome of a query investigation about a financial plan case study assessment
- E. the outcome of a review of marking application
- F. the outcome of a query investigation about a reasonable adjustment application
- G. the outcome of a query investigation about a special consideration application
- H. the outcome of an application for exemption from a CISI examination or assessment
- I. a decision, penalty or sanction following a malpractice or maladministration investigation

If you have checked box A, B, E, F or G above, please indicate which examination your appeal is related to in the box below:

Examination title:

Date of exam: / /

3. Grounds for appeal

Please indicate the grounds for appeal, from the list outlined in Section 2.1 of the Appeals Policy, which apply to your application.

4. Summary of appeal

Please provide full details of the circumstances that have led to your application and the reasons why you believe the grounds for appeal apply. Continue into a supplementary document if necessary.

5. Supporting documents

Please provide a list of any evidence or supporting documents you are including to substantiate your claim.

6. Payment

The fee for making an appeal is £100.00.

Please complete the relevant payment method selection below:

a. If payment is to be made by your firm, please provide the following information:

Contact name:

Purchase order no.

Address:

I authorise payment to be invoiced to our general account:

Print name

Signature

Date

b. If you are making payment by Card, please complete the information requested below and we will contact you.

The Chartered Institute for Securities & Investment accepts payment by the following types of payment card: American Express, Delta, Eurocard, MasterCard, Maestro and Visa.

Payment by Card: I wish to pay by: ***American Express/Delta/Eurocard/MasterCard/Maestro/Visa** *Delete as applicable

Please contact me or other

by telephone/email* to make payment on my behalf.

Telephone number:

Email address:

*If you have selected via email you will receive a payment link from **customersupport@cisi.org** to complete

Name:

Signature: _____

7. Declaration

I can confirm that the information provided in this application is true and accurate and I will be prepared to answer further questions in relation to any claims I have made.

I consent to this information being processed specifically and only for the purpose of this application.

I can confirm that I have read and understand the CISI Appeals Policy.

Signature: _____

Date: / /

Please submit your signed application form by email to appeals@cisi.org