

MST: 113

Please complete this application form in BLOCK CAPITALS, and post in the return envelope provided to PFS Membership Department, 20 Aldermanbury, London EC2V 7HY

Reactivate your membership

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/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/Ms Surname

Forenames Date of birth

Job title

Employer's name

Tel Ext Mobile

email

Work address

Postcode Country

Home address

Postcode Country

Address to be used for correspondence Home Work

Section B – Fees and payment methods

(Please see Fees section in the Notes and Fees for Membership leaflet for the fees appropriate to your level – You must rejoin the PFS at the level to which you are qualified)

Admission fee

Subscription fee

Who is paying your subscription?

I am My employer. Please choose a payment option below and send it back with this completed application form.

Telephone

You can pay by telephone using a credit/debit card. Please call Customer Service on +44 (0)20 8989 8464. Please quote the MST code in the left hand corner of this form to qualify for 15 months membership for the price of 12.

Direct debit

Please complete the mandate in the Notes and Fees leaflet and return it with this completed form in the envelope provided.

Cheque

Cheques and postal orders should be made payable to The Chartered Insurance Institute. Please write your CII PIN on the back of your cheque and return it with this completed form in the envelope provided.

Credit/debit card payments

Please complete your card details below and return this form in the envelope provided.

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

Valid from* Expiry date* Issue number* 3 digit security number*

Card number* *Please complete according to the information on the card.

Cardholder name

Cardholder's signature

Date

Section C – 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). 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. As a qualified member I also agree to commit myself to an annual programme of Continuing Professional Development. If at any time I cease to be a member of The CII, I undertake to return any certificate of membership.

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 will process your personal data fairly. 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

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. 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 on this form, which right shall (subject to the Regulations) expire in 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 the CII receiving the notice of cancellation.

Have you ever been made bankrupt or been the subject of an individual voluntary arrangement (or any such analogous procedure) Yes No If yes please give details on a separate sheet of paper.

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.

Signature

Date