

Associate of The London Institute of Banking & Finance (ALIBF) Application Form

Please read the guidance notes below, complete the form in BLOCK capitals and post to:
Membership Services, The London Institute of Banking & Finance, 4–9 Burgate Lane, Canterbury, Kent CT1 2XJ United Kingdom.
Please note that for security reasons we can not accept application forms by email.

Guidance Notes

1. Please ensure you provide all the information requested unless it is indicated that the information is optional. If your form is incomplete it will be returned to you and may result in delays.
2. Any individual wishing to practise as a retail investment adviser requires a valid Statement of Professional Standing (SPS) awarded by Associate of The London Institute of Banking & Finance (ALIBF) or another approved accredited body. Information on the SPS application process can be found on our website at www.libf.ac.uk/sps
3. To be eligible to become a Associate of The London Institute of Banking & Finance you must:

To be eligible to become an Associate of The London Institute of Banking & Finance you must:
 - a. Hold either
 1. London Institute of Banking & Finance BSc (Hons) degree
 2. Professional Diploma in Banking & Finance (PDipB&F)
 3. Associateship (ACIB),
 4. Level 6 Diploma in Financial Advice or a relevant qualification awarded by another provider and recognised by The London Institute of Banking & Finance.
 - b. Agree to abide by the Institute Code of Ethics
4. If you have completed a qualification with The London Institute of Banking & Finance we will confirm this from our records so you do not need to submit a copy of your certificate.
5. If you hold another recognised equivalent qualification you are required to submit a copy of your qualification certificate.

The copy must be certified by an individual of professional standing eg teacher, lawyer, doctor or by your employer. To certify a copy the 'certifier' should:
 - a. State the following on the document 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
 - b. Write their name, position and/or capacity (eg lawyer/employer) and a contact address.
 - c. Add their signature and date.
If you are unsure about any aspect of the application process, please contact our Membership Services team on +44 (0)1227 818609 or email membership@libf.ac.uk and we will be pleased to help you.
6. Applications made after 1 July 2020 will be charged at half the full subscription rate.
7. If you join after the 12 August 2020 and select to pay by direct debit (applied to UK bank account holders only) you will not be required to pay a fee for this years subscription fee, and your first payment will be collected in 2021.

FOR OFFICE USE ONLY

Checked by _____ Date _____

All information provided Qualification verified Declarations signed Membership approved? Yes No

Please return this form to: Membership Services team, The London Institute of Banking & Finance, 4–9 Burgate Lane, Canterbury, Kent CT1 2XJ United Kingdom.
To ensure your application is processed as quickly as possible please ensure that you have included all the relevant information and supporting documentation as follows:

- The application form fully completed and duly signed
- If your qualification is awarded by a provider other than The London Institute of Banking & Finance, a certified copy of your qualification certificate
- Payment information (if applicable)

YOUR DETAILS

LIBF number (if known) _____ Title (Mr/Mrs/Ms etc) _____

First name(s) / Given name(s) _____

Last name / Family name _____

Previous name (Please tell us any previous name you have used that would help us link this registration to any other records we may hold for you)

Date of birth* (DD/MM/YYYY) _____

Gender

Male

Female

*A date of birth is compulsory to activate your online account.

CONTACT DETAILS

Email address* _____

Please provide a telephone number we can use to contact you if necessary:

Telephone no. _____ Mobile no. (if different from Telephone no.) _____

Security word _____

Please tick relevant prompt for security purposes Mother's maiden name Place of birth Memorable date

*Please note that having a valid email address is a compulsory requirement of study.

EMPLOYMENT

Job title _____

Employer / business name _____

ADDRESS DETAILS

Business address _____

Postcode / Zipcode _____ Country _____

Home address _____

Postcode / Zipcode _____ Country _____

Please indicate which address you would prefer us to use for postal correspondence: Business Home

QUALIFICATION DETAILS

I have completed or am currently registered for a qualification awarded by The London Institute of Banking & Finance.

Qualification name _____ Year _____ Membership number _____

Other, please state _____

If you have stated 'Other' you must state which equivalent qualification you hold.

For further guidance on acceptable equivalent qualifications please contact membership@libf.ac.uk. Remember to enclose a certified copy of your qualification with your application form. Please see guidance notes for further information.

THE LONDON INSTITUTE OF BANKING & FINANCE CODE OF ETHICS

1. To act with fairness, integrity and courtesy in all business activities.
2. To comply with all relevant law including statutory regulatory requirements, and with all relevant codes of practice, codes of conduct and professional guidance notes.
3. To obtain and respect the confidentiality of information relevant to the conduct of services offered.
4. To accept responsibility for recognising circumstances where actual or perceived prejudicial influences or conflicts of interests may arise in the course of business activities; to identify such influences or conflicts to the parties concerned and take action as required.
5. To be willing to explain the basis of remuneration and reward in relation to the services offered.
6. To achieve, maintain and apply the standard of knowledge and competence appropriate to the services offered and activities performed.
7. To act only within the limits of personal competence and any authority as an employee or agent.

DECLARATION

I declare that the information contained in this form is true and accurate and agree to abide by The London Institute of Banking & Finance **Code of Ethics**

Signed _____

Date _____

USING YOUR PERSONAL INFORMATION

We will use and protect your personal data in accordance with current data protection legislation to process your application and manage the provision of membership and/or CPD services. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** (www.libf.ac.uk/privacy).

Members may (will) be delivered a digital credential / badge through our third party arrangement with **Acclaim**.

SUBSCRIPTION PAYMENT

Membership fee £128.00 (half year rate of £64.00 applies after the 1 July 2020)

I authorise The London Institute of Banking & Finance to debit my Visa / MasterCard / debit card for the total payable

Card number Expiry date _____ / _____

Valid from _____ / _____ Issue number _____ (if applicable) Security number* _____

*This is the last 3 digits found on the signature script on the reverse of your card.

I would like to pay annually via Direct Debit (please complete the Direct Debit instruction below)

Signed _____

DIRECT DEBIT INSTRUCTION FOR MEMBERSHIP (UK BANK OR BUILDING SOCIETY ACCOUNTS ONLY)

Please fill in the form and send to Membership Services,
The London Institute of Banking & Finance, 4-9 Burgate Lane,
Canterbury, Kent CT1 2XJ, United Kingdom



Name(s) of account holders

Bank or building society account number

Branch sort code

- -

Name and full postal address of your bank or building society

To: The Manager Bank/Building Society

Address

Postcode _____

Instruction to your bank or building society to pay by direct debit

Service User No

Reference

Instruction to your bank or building society

Please pay The London Institute of Banking & Finance Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with The London Institute of Banking & Finance and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

BANKS AND BUILDING SOCIETIES MAY NOT ACCEPT DIRECT DEBIT INSTRUCTIONS FOR SOME TYPES OF ACCOUNT

THE DIRECT DEBIT GUARANTEE (THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER)

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The London Institute of Banking & Finance will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The London Institute of Banking & Finance to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the The London Institute of Banking & Finance or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when The London Institute of Banking & Finance asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

