

# Bailiwick of Guernsey Statement of Professional Standing (GsySPS) Application Form.

Please save a copy of this form to your computer and complete it on-screen before emailing it to [sps@libf.ac.uk](mailto:sps@libf.ac.uk)  
Alternatively, you can print a copy to complete in **BLOCK** capitals and scan and email it to [sps@libf.ac.uk](mailto:sps@libf.ac.uk) or post to  
Student and Customer Services, The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent CT1 2XJ United Kingdom

## YOUR DETAILS

Membership 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.) \_\_\_\_\_  
\*Please note that having a valid email address is a compulsory requirement of using LIBF SPS Services.

## EMPLOYMENT

Job title \_\_\_\_\_  
Employer / business name \_\_\_\_\_  
Licensee name \_\_\_\_\_ Licensee address \_\_\_\_\_  
\_\_\_\_\_

## 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

Please indicate which of the following approved Level 4 qualifications you currently hold:

- Diploma for Financial Advisers (DipFA®) – registered after 1 April 2010
- Diploma for Financial Advisers (DipFA®) – registered before 1 April 2010 plus appropriate qualification 'gap-fill' (see guidance note 4c)
- Other please state\* \_\_\_\_\_
- Existing SPS \_\_\_\_\_
- If you have answered 'Other' you are required to submit a certified copy of your qualification certificate for your first SPS and, where relevant, evidence that any required Qualification Top Up CPD has been completed and appropriately verified.

Please ensure all copy documents are certified as "true copies of the original" and signed by an appropriate authority.

## PREVIOUS SPS APPLICATIONS

Have you had an application for an SPS rejected by another Accredited Body or held an SPS issued by another Accredited body that has subsequently been withdrawn? Yes  No

If you answered 'yes' please state when this occurred, the reason why your SPS was refused or withdrawn and the Accredited body in question.

\_\_\_\_\_

## 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**.

## DECLARATION

- I declare that the information contained in this form is true and accurate
- I declare that in the preceding twelve months I have completed a programme of Continuing Professional Development that meets the standards set out by the **GFSC**.
- I agree to abide by The London Institute of Banking & Finance **Code of Ethics**.
- I accept the **Terms and Conditions**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT DETAILS

- Membership\* £45 £ \_\_\_\_\_
- Non-member £85 £ \_\_\_\_\_

\* If you are not yet a member but would like to become one you can do so by completing the Membership application section at the end of this form.

Your SPS will be available to download (in PDF format) once your application has been successfully processed and is valid for a period of 12 months.

- Please tick here if you would like a paper copy posted to you

£12 £ \_\_\_\_\_

**TOTAL** £ \_\_\_\_\_

- I enclose a cheque for the total payable, made payable to The London Institute of Banking & Finance

- 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\*

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

