

Isle of Man Statement of Professional Standing (IOMSPS) 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
Alternatively, you can print a copy to complete in **BLOCK** capitals and scan and email it to 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

Individual reference 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 _____

FSC VETTED

FSC reference number, if any _____

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an SPS rejected by another Accredited Body or held an SPS issued by another Accredited body that has subsequently been withdrawn?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 **FSC**
- I have complied with the FSC Fit and proper persons criteria as set out in the FSC Regulated Activity Handbooks.
- 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* £47 £ _____
- Non-member £88 £ _____

* 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.

