

# New Application to Join the PMI Accredited Adviser Programme (PMI AAP) and Receive a Statement of Professional Standing

## Personal Details

Title:	Mr / Mrs / Miss / Ms / Other:		
Surname:		Previous Surname:	
Forenames:		Known As:	
Date of Birth:			

Home Address:			
Town:			
County:		Postcode:	
FCA Number:			

## Employment Details

Name of Employer:			
Address:			
Town:			
County:		Postcode:	
Current Job Title:			

Email:			
Work phone:		Mobile:	

Address you would like to be used for correspondence (PMI News etc)	Home:		Work:	
Do you wish to receive communication from the PMI Regional Groups	Yes		No	
<i>If yes, please select the Regional Group you wish to be contacted by:</i>				
Eastern	London	Midlands	North East	
North West	Scotland	Southern	South West	

## PMI Membership

What sort of PMI Membership do you hold: (please select from below)

Please note: If you are not a current PMI member, you will need to become an Affiliate Member of the PMI.

Fellow		Associate	
Certificate		Student	
		Diploma	
		Affiliate	

PMI membership number (if applicable):

I am not a current PMI Member and wish to apply for Affiliate Membership (£75 + 45apply)

## Current SPS Held?

If you already hold an SPS from another Accredited Body, please provide the information below

Name of Accredited Body -	Date SPS Awarded	
Name of the professional body with which CPD has been completed		

### For Office Use Only:

Membership Number	Amount	Date Received

## Qualifications

Please give details of your Appropriate Qualification:

Qualification	Awarding Organisation	Was Gap Fill Required? (Y/N) If Yes, has this been completed? (Y/N)	Date

Please include a photocopy of your certificate of qualification, including evidence of gap fill (if applicable).

## Individual Declaration

I hereby apply to join The Pensions Management Institute Accredited Adviser Programme and to receive a Statement of Professional Standing and declare that all the information given in this form is correct. I hereby undertake to observe the Articles of Association, Code of Professional Conduct, Membership Regulations and the Terms & Conditions of the PMI AAP for the time being in force for the duration of my membership. I agree to adhere to the FCA Approved Persons Regime and to complete the required CPD. As an SPS holder I have undertaken appropriate and sufficient CPD to meet the requirements of the PMI AAP in the last 12 months ~~delete if not applicable~~. I confirm that I have not had an application for an SPS rejected by another Accredited Body nor had an SPS suspended by an Accredited Body.

Signed		Date:	
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## Employer Declaration

Employer:			
Signed:		Date:	
Print Name:		Position:	

I confirm the above person is sponsored by the firm I am representing and confirm the information given in this form is correct. I agree, on behalf of my firm, to make every reasonable effort to ensure the above person abides by the PMI Articles of Association, Code of Professional Conduct, Membership Regulations and the Terms & Conditions for the time being in force for the duration of their membership. I agree, on behalf of my firm, to make every reasonable effort to ensure the above person abides by the FCA Approved Persons regime and to complete the required CPD. I agree, on behalf of my firm, to inform the PMI if I believe the above person is in breach of the FCA Training and Competence Sourcebook obligations, or if the firm has notified the regulator of a breach of competence.

## Data Protection and Privacy Statement

The PMI is registered under the Data Protection Act and maintains a membership database to: enable information to be exchanged as required between you, the PMI, its subsidiaries, your qualification centre and individuals involved in assessment and regional groups; relevant regulators; your employer (see below) administer any examinations or qualifications you enter and courses you undertake; billing and accounts; distribute publications and information about other PMI services; distribute mailings from 3<sup>rd</sup> parties which we believe may be of interest; confirm your membership status and PMI qualifications. If you do not wish to receive mailings about future PMI events and services please tick here [ ] or from 3<sup>rd</sup> parties please tick here [ ]. You can change these preferences later.

## IMPORTANT INFORMATION

Membership of the PMI and the PMI AAP is on an individual basis and is non-transferable. The membership year for Affiliate members runs from 1 November to 31 October and PMI does not offer pro rata fees. Return application to: Membership Department, Floor 20, Tower 42, 25 Old Broad Street, London, EC2N 1HQ, London or email: [membership@pensions-pmi.org.uk](mailto:membership@pensions-pmi.org.uk)

### For Office Use Only:

Membership Number	Amount	Date Received