



Chartered Institute for Securities & Investment (CISI) Examination Verification Form for Series 17 Candidates

Candidates: Please complete Section 1 in full. Failure to provide information will result in a delay in processing. Please note that in requesting this information, you are agreeing to the CISI releasing your examination results to FINRA for its own use in confirming your suitability to sit for the Series 17.

Please email this form to Client Services at CISI (customersupport@cisi.org)

Candidate Information - to be completed by candidate.

Legal Name _____

CISI Number _____

Date of Birth _____

Street Address _____

City _____

State _____

Zip Code / Postal Code _____

Country _____

Email Address to which the CISI should send the report _____

Current Employer's name and address _____

Name and address of employer(s) when you sat the CISI examinations (please provide name of exam unit taken and employer's name and address if more than one employer.)

Today's Date _____

Candidate's Signature _____

The CISI will send a report direct to FINRA and to you at the email address you have given above.