IDENTIFICATION INFORMATION CHANGE REQUEST

Print this form and complete all sections. Submit the completed form and supporting documentation by e-mail to cmservices@cfainstitute.org. You will receive confirmation by e-mail in 7-10 business days.

Complete all sections.

STEP 1

CFA INSTITUTE IDENTIFICATION #	E-MAIL

STEP 2

Update the data that you would like to change. Please place a ✔ in the "no change" column if the current information is correct.

	PREVIOUS INFORMATION		NEW INFORMATION		NO CHANGE
Prefix or Suffix					☐
First (given) Name					☐
Middle Name or Initial					☐
Last Name (family or surname)					☐
Passport	NUMBER	EXPIRATION DATE	NUMBER	EXPIRATION DATE	☐
	COUNTRY OF ISSUANCE		COUNTRY OF ISSUANCE		☐
Date of Birth (month/day/year)					☐
Gender	☐ Male ☐ Female		☐ Male ☐ Female		☐

STEP 3

SIGNATURE	DATE (MONTH/DAY/YEAR)

CFA Institute