Institute of Professional Financial Consultant

53 Western Avenue By Abalti Barracks, Surulere Lagos Email: www.ipfc-ng.org Email: Registrar@ipfc-ng.org

COURSE APPLICATION FORM

Name				(Prof/Dr/Mr/Mrs)
	(Surname)		(Other names)	,
Date of Birth:		Sex: _		
Marital Status:				
Postal				
Address:				
Residential Address	:			
Current Job Informa	ation:			
Name and Address	of Organisation:			
			_ Date of Employment	
			_ Current Position:	
. ,				
Previous Job Inform	ation			
. :			Period	Employees Controlled
Designation	Company		_	Crado

		Per	riod	Employees	Controlled
Designation	Company	From	То	No	Grade

ACADEMIC RECORDS

Please provide details about the following:

University/Polytechnic/College	Month & Year		Qualifications Obtained	
	From To		Qualifications Obtained	
Other professional qualification(s)	if any ar	ad datos o	f completion of evams	
Other professional qualification(s			completion of exams	
Professional Bodies	Month & Year		Qualification(s)	
	From	То		
		1		
Please tick as appropriate				
Chartered Certification	Fellow			
	Fellow			
	Fellow			
Chartered Certification	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			
Chartered Certification	Fellow			
☐ Chartered Certification ☐ International Postgraduate F	Fellow			