



CHARTERED INSTITUTE OF PROFESSIONAL FINANCIAL CONSULTANTS

RC 1011288

National Secretariat

53 Western Avenue, 2nd Floor Last Staircase by Abalti barracks

Surulere Lagos Nigeria

Tel 08063434452, 08141276197

MEMBERSHIP APPLICATION FORM

Name _____(Chief/Prof/Dr/Mr/Mrs)
(Surname) (Other names)

Date of Birth: _____ Sex: _____

Marital Status: _____

Postal Address: _____

Residential Address: _____

E-mail Address: _____ Tel: _____

Current Job Information:

Name and Address of Organisation: _____

Nature of Business: _____ Date of Employment _____

Position at Employment: _____ Current Position: _____

Previous Job Information

Designation	Company	Period		Employees Controlled	
		From	To	No	Grade

ACADEMIC RECORDS

Please provide details about the following:

University/Polytechnic/College	Month & Year		Qualifications Obtained
	From	To	

Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

Please tick as appropriate:

- ❖ Certified Financial Consultant CFC + Practice Certificate
- ❖ Professional Doctor DIPFC
- ❖ Fellow FCIPFC
- ❖ Member - MCIPFC
- ❖ Associate ACIPFC
- ❖ Affiliate/ Student

Pls enclose a copy of your CV and a passport photograph:

DECLARATION

I certify that the information given in this form are correct to the best of my knowledge.
I agree to pay all future fees and subscriptions for which I become liable failing which the institute is authorized to terminate my membership subject to due notice. I hereby undertake to observe and be bound by the provisions of the Article and Rules of the Institute.

Signature of Application

Date of Application

PAYMENT DETAILS:

INSTITUTE OF PROFESSIONAL FINANCIAL CONSULTANTS IPFC
ACCESS BANK PLC
0056471218