



CHARTERED INSTITUTE OF FINANCIAL AND INVESTMENT ANALYSTS, NIGERIA

Secretariat: Suite C48, Danzoyal Plaza Opp. NNPC Mega Station
Central Business District, Abuja. Tel: 07038331275, 08069786225,
E-mail: registrar.ifian@yahoo.com, Website: www.ifiannng.com

RE-CERTIFICATION FORM

1. (Previous) Surname.....Middle Name.....Other Name.....

(ii) Current Surname.....Middle Name.....Other Name.....

Please state reason for change of Name(if any) and attach evidence.....

2. Sex: Male Female..... Date of Birth.....

3. Marital Status.....

4. Address.....

5. Permanent Postal Address.....

6. Email..... Telephone No.....

7. Membership No..... Year inducted.....

8. Membership Category.....

9. Bank Name/Teller No..... Amount Paid.....

Isolemnly declare that all the information given by me in this application form are true and correct, that the Institute has a constitutional right to verify the authenticity of the attached documents claimed by me, that, I will by all means abide by the constitution/BYE-LAWS establishing the Institute, to maintain and to keep the professional ethics, integrity and competence of **CHARTERED INSTITUTE OF FINANCIAL AND INVESTMENT ANALYSTS, NIGERIA.**

Signature..... Date.....

VERIFICATION UNIT: _____ OFFICE USE ONLY _____

Verified by:.....

Date of Verification:.....

Amount Paid:.....

Council Approval:..... Date.....