



CHARTERED INSTITUTE OF FINANCIAL AND INVESTMENT ANALYSTS, NIGERIA

SECRETARIAT: Suite C1, Shippers Plaza, Opp. Grand Ibro Hotel, Wuse Zone 5 Abuja, FCT
 Tel: 01-7348650, 07038331275, 07023243646.
 E-mail: registrar.ifian@yahoo.com, www.ifianng.com

* Money Paid are not refundable. Avoid cash payment, please pay directly into INSTITUTE'S ACCOUNTS. Institute shall not be liable for inappropriate means of payment.

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*Passport Size
 Photograph*

Membership Form

Registration Only

Every information given must be accurate. Failure to do so will disqualify your application

1.0 PERSONAL DETAILS

- a. Surname:.....
- b. Other Names:.....
- c. Date of Birth:.....
- d. Male/Female:.....
- e. Married/Single:.....
- f. LGA/State:.....
- g. Permanent Address:
-
- H. Residential Address:.....
-
- i. Nationality:.....
- j. Postal Address:
- k. Telephone Number:.....
- l. E-mail:.....

2.0 HIGHER EDUCATION QUALIFICATIONS

<i>Name of Awarding Institution</i>	<i>Discipline</i>	<i>Qualification</i>	<i>Grade</i>	<i>Year Graduated</i>

3.0 WORK EXPERIENCE

Name/Address of Present Employer	Position Held	Date Employed

4.0 MEMBERSHIP CATEGORY *(Tick as applied)*

- Affiliate Student Membership*
- Affiliate*
- Associate*
- Full Member*
- Fellow*

5.0 SPECIALIZATION *(please tick one)*

- a. Finance :.....
- b. Investment:.....
- c. Method of Study:..... State (Location).....
(Full Time, Part Time or Distance Study).....
(Please do apply in writing)
- d. Exemption State the Level:.....

6.0 DOCUMENT TO BE SUBMITTED:

- a. Copy of receipt as evidence for the purchased of this form
- b. Copy of each Educational Qualification claimed above
- c. Copy of Birth Certificate or Sworn Affidavit
- d. Two (2) recent Passport Photographs

Approval/Council

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7.0 DECLARATION

I therefore declare that the information provided on this form is correct to the best of my knowledge. I hereby undertake to abide by the rules and regulations of Chartered Institute of Financial and Investment Analysts, Nigeria in force from time to time. I also accept that the fee paid by me is non-refundable under any circumstances whatsoever.

.....
Signature of Applicant

.....
Date



Chartered Institute of Financial & Investment Analysts.

Address Shipper's Plaza, Suite 1c, 1st Floor, Opposite Grand Ibro Hotel, Wuse Zone 5, Abuja.

Email: registrar.ifian@yahoo.com **Tel:** 07038331275, 08069786225

PROFESSIONAL CODE OF CONDUCT AND RESPONSIBILITY

These are Code of Professional Ethics approved by the Institute's Governing Board, binding on all Members who have applied to join the Institute.

- Authorities/advantage of office not for personal gain.
- Shall uphold, ensure posterity of the profession of Financial and Investment.
- Being thoroughly transparent, reject any business practice, which might be reasonable, deemed improper fraudulent and corrupt in practices.
- Client's interest priority approach, ensure a better condition of client always.
- Maintain at all time integrity, in all their business/transactions.
- Promote the Institute and display Professional competency.
- Ensure compliance with the letter & Spirit of the law of the country in which they practice.
- Duty of care/respect for contractual obligations
- Comply with guidance on continuous Professional Development/ practice, to abide by rules as may be issued by the Institute from time to time.
- Be able to exercise independent opinion and objective
- Proper use of professional qualification
- Payment of dues, arrears, compensation due to the institute from time to time
- Strive for development and accuracy at all times
- Being a worthy ambassador of the institute
- Clients' confidentiality.

Members undertake to abide by the rules and regulation of the Institute.

Signature/Date: _____

I, _____
consent and shall by all means abide by the constitution/Code of Professional Ethics/BYE-LAWS establishing the Institute, to maintain and keep the professional ethics, integrity and competence of CHARTERED INSTITUTE OF FINANCIAL AND INVESTMENT ANALYSTS.

Signature: _____

Date: _____