



# CHARTERED INSTITUTE OF FINANCIAL AND INVESTMENT ANALYSTS, NIGERIA

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## APPLICATION FOR MEMBERSHIP UPGRADE

1.0 Name (Surname first): \_\_\_\_\_

2.0 Membership Number:  Year Inducted \_\_\_\_\_

3.0 Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

4.0 New Membership Grade Applied for: Associate Member  Full Member  Fellow Member

5.0 Additional Qualification since Last Membership Election (*please attach copies*)

(i) \_\_\_\_\_ (iii) \_\_\_\_\_

(ii) \_\_\_\_\_ (iv) \_\_\_\_\_

6.0 Position Held since your last Membership Election Name of Organization: \_\_\_\_\_

Current Position: \_\_\_\_\_

Designation (*indicate Grade Level if in Public Service*) \_\_\_\_\_

| Name and Address of Organization | Position Held | Period |
|----------------------------------|---------------|--------|
|                                  |               |        |
|                                  |               |        |
|                                  |               |        |
|                                  |               |        |
|                                  |               |        |

| Duties<br>(please use separate sheet for detailed information) | Employees                 |                             | Name & Position of immediate superior |
|--|---------------------------|-----------------------------|---------------------------------------|
|  | Total No. in Organization | No. Controlled by Applicant |                                       |
|  |                           |                             |                                       |
|  |                           |                             |                                       |
|  |                           |                             |                                       |
|  |                           |                             |                                       |

*Membership of Other Professional Bodies since last Membership Election (please attach copies)*

| Professional Body | Membership Grade | Date of Admission |
|-------------------|------------------|-------------------|
|                   |                  |                   |
|                   |                  |                   |
|                   |                  |                   |

Number of MANDATORY EDUCATIONAL TRAINING & DEVELOPMENT (METAD) Attended \_\_\_\_\_  
 (*Please attach documentary evidence*)

**DECLARATION BY APPLICANT:**

*I declare that the information given above is correct. I have paid my Annual Membership subscription up-to date*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Membership Committee's recommendation to council

Decision of Council/Approval

\_\_\_\_\_

\_\_\_\_\_

Signature of Chairman of Membership Committee & Date

Signature of Chairman of Council & Date