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*Chartered Institute of Professional Financial Managers*

***Doctoral-Fellow Application form***

*(Kindly attach supporting academic documents)*

Doctoral Fellow Membership form



MEMBERSHIP APPLICATION FORM

Name

\_\_\_\_\_ (/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/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	

**DECLARATION**

I certify that the information given in this form is 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