

Charted Institute of Professional Financial Managers

# Fellow Application 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:          | C I                |                   |
| Name and Address of Organisation: |                    |                   |
|                                   |                    |                   |
| Nature of Business:               | Date of Employment |                   |
| Position at Employment:           | Current Position:  |                   |
|                                   |                    |                   |
| Previous Job Information          | 0.                 |                   |

## **Previous Job Information**

| Designation Company | Period  |      | Employees Controlled |    |       |
|---------------------|---------|------|----------------------|----|-------|
|                     | Company | From | То                   | No | Grade |
|                     |         |      |                      |    |       |
|                     |         |      |                      |    |       |
|                     |         |      |                      |    |       |
|                     |         |      |                      |    |       |
|                     |         |      |                      |    |       |
|                     |         |      |                      |    |       |

### ACADEMIC RECORDS

#### Please provide details about the following:

| University/College | Month & Year |    | Qualifications Obtained |  |
|--------------------|--------------|----|-------------------------|--|
|                    | From         | То |                         |  |
|                    |              |    |                         |  |
|                    |              |    |                         |  |
|                    |              |    |                         |  |
|                    |              |    |                         |  |
|                    |              |    |                         |  |

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

| Professional Bodies | Month & Year |    | Qualification(s) |
|---------------------|--------------|----|------------------|
|                     | From         | То | qualification(c) |
|                     |              |    |                  |
|                     |              |    | C                |
|                     |              |    |                  |
|                     |              |    | 6                |

#### 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**