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CIPFM

*Chartered Institute of Professional Financial Managers*

## ***Fellow Application form***

Fellow Membership form



**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