Chartered Institute of Professional Financial Managers, CIPFM 501 Silverside Rd STE 105 Wilmington DE USA

Membership Application

Completed application form should be sent back to: Abuja International Office, Suite FC 17, Old Banex Plaza, Wuse II, Abuja, P.O.Box 6297 Garki Abuja or info@evadistinctworldwide.com, visit www.evadistinctworldwide.com

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Personal Details		
Title (Dr / M r/ Ms / Mrs. / Other):		
Surname:		_
Forename(s)	Initial	_
Home address:		
Postcode	Telephone	
E-mail		
Date of Birth	Nationality	
Company and Business address		
Postcode — — — — — — — — — — — — — — — — — — —	Fax ————	
Mobile:		
Address for correspondence (please tick)	: Home Business	
Academic Details Qualifications obtained. Please list all of qualification, giving title, Year and place	• •	ssional
	Year	Place of Study

Work Experience	
Organization	
Name	
Date joined	
Division	
Public/Private	
If a subsidiary, name of	
11 w 5 w 6 5 1 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Parent company	
Nature of Company's Business	
SIC Code	
r lease indicate which description best his your company's business	
☐ Associate Chartered Financial Manager ACFM	
— 71550crate Chartered I maneral Wanager 71C1 W	
☐ Fellow Chartered Financial Manager FCFM	
— Fellow Charteled Financial Manager FCFM	
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References	
A REFERENCE MUST BE SUPPLIED BEFORE THE APPL	ICATION IS DEOCESSED
Referee must be a director or senior officer of your company o	
employed or head of your organization, the referee may be a pro-	
advisor.	revious employer of professional
auvisoi.	
I have known the applicant for years and su	upport his/her application for
membership.	application for
To the best of my knowledge, the details of his/her ap	nlications are correct
To the best of my knowledge, the details of ms/her ap	pheations are correct.
Name	
	IOD TITLE
(CAPITALS)SIGN	JOB TITLE
COMPANY (CAPITALS)SIGI	NATURE
	1: 11:11:
I agree to accept the decision of the Council as my	- ·
appropriate grade of membership. If selected I agree to	
and Bye-laws and do hereby confirm that the information	provided are true.
Applicant's Signature & Date	
SignatureChartered Institute of Professional financial Managers, USA	DATE
Chartered Institute of Professional financial Managers, USA	
FOR OFFICIAL USE ONLY	
Date Received	
Date Processed	
Date Forwarded to CIPFM	
Processed by Sign.	