



**THE INSTITUTE OF CHARTERED
PORTFOLIO MANAGEMENT
OF NIGERIA** RC: 887482

Affix 4
Passport
Photograph

Membership Application Form

(This form must be accompanied by an application fee of N 3,000 payable by cash)

SECTION 1: GENERAL INFORMATION

Surname	First Name	Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title: (Mr, Mrs, Miss, Dr, etc)	Date of Birth (Date/Month/ Year)	Nationality	State (If Nigeria)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name & Address	Postal Address		
<input type="text"/>	<input type="text"/>		
Telephone Number(s)	E-mail Address	Fax No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Nature of Work		
<input type="text"/>	<input type="text"/>		
Indicate the Level of Membership you are applying for: <input type="text"/>			

SECTION 2: ACADEMIC & PROFESSIONAL QUALIFICATIONS

In support of your application please submit a copy of your CV, your academic and professional certificate and 2 passport photographs **DO NOT ENCLOSE ORIGINAL DOCUMENTS**.
Academic Qualifications-indicate your academic qualifications, starting with the highest
(Degree, A/level/O-level/Others)

S/no	Name of Institute	Certificate/ Degree attained (Quote Discipline)	Year attained

Profession (eg Banking, Insurance, etc)

Professional Qualification (eg ACA, ACIB, ACILL,AII, AIPM etc)

S/no	Name of Institute/ Examination Body	Qualification Obtained	Year Attained

SECTION 3: EMPLOYMENT HISTORY

List the last THREE (3) positions you held in your employment history, beginning with the current

1. Name of Organisation	Position Held	Date (from to)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Responsibilities

2. Name of Organisation	Position Held	Date (from to)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Responsibilities

3. Name of Organisation	Position Held	Date (from to)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Responsibilities

SECTION 4: REFEREE

Please give the name of ONE. Your referee must be someone who has knowledge about your profession, responsibilities and should not be related to you.

Name of Referee

Address (Including telephone, e-mail address and Signature)

Declaration:

Have you been convicted for any criminal offence ? Yes / No

Have you been dismissed from any organization ? Yes / No

I declare that the information given is correct to the best of my knowledge, I agree to be bound by the rules and regulations of the Portfolio Management Institute

Applicant's Signature and Date

For Official Use

Date received:..... Registration Number:.....

Payment Receipt No:.....
Name & Signature of Officer

Officer Remarks:.....
.....