INSTITUTE OF FINANCIAL MANAGEMENT STUDIES

Suite 6, Block A, BAT Complex, Church Street, Bolade, Oshodi, Lagos
instituteoffms@gmail.com instituteoffms.com.ng +234803 747 1052

APPLICATION FORM

You should Complete this Application Form and submit it with your Curriculum Vitae and relevant credentials to the Director of Membership Services (through membershipservices@iofms.com.ng).

Section A (Bio Data)

Title:..... (Mr. / Mrs./ Hon./ Chief/ Engr./ Dr./ etc.)

Surname:.....

First Name:.....

Other Name:.....

Residential Address:.....

.....

Mailing Address:.....

.....

Date of Birth (Date/Month/Year):.....

Sex:..... **Marital Status:**.....

Religion:..... **Nationality:**.....

State of Origin:.....

Tel.: No. (Mobile):..... **(Work):**.....

Email:.....

Prospective Membership Grade: Indicate the Membership Grade you applied for.

Associate Membership ☐ Full Membership ☐ Fellow Membership ☐

Section B (Educational Background)

Information about your education (or academic training) is important for processing your Application for Direct Admission into the ***Institute of Financial Management Studies***, as it may be the factor that qualifies you for Membership of the Institute, if you are a graduate.

Schools Attended

1. Name of Institution:

.....

.....

Year of Admission:.....,.

Year of Graduation:.....

Certificate Awarded:.....

2. Name of Institution:

.....

.....

Year of Admission:.....,.

Year of Graduation:.....

Certificate Awarded:.....

3. Name of Institution:

.....

.....

Year of Admission:.....,.

Year of Graduation:.....

Certificate Awarded:.....

Section C (Work Experience)

Information about your work experience is very important for processing your Application for Direct Admission into the ***Institute of Financial Management Studies***, as it may be the (only) factor that qualifies you for Membership of the Institute, especially if you are not a graduate.

1. Name of Employer:.....

Office Address:.....

.....

Position/Rank:.....

Year of Appointment:..... **Till:**.....

2. Name of Employer:.....

Office Address:.....

.....

Position/Rank:.....

Year of Appointment:..... **Till:**.....

3. Name of Employer:.....

Office Address:.....

.....

Position/Rank:.....

Year of Appointment:..... **Till:**.....

4. Name of Employer:.....

Office Address:.....

.....

Position/Rank:.....

Year of Appointment:..... **Till:**.....

Section D

Give any information that is relevant to this application.

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Referees 1:

Name in Full:.....

Name of Employer:.....

Position/Rank:.....

Contact Address:.....

Tel.: No. (Home):..... **(Mobile):**..... **(Work):**.....

Referees 2:

Name in Full:.....

Name of Employer:.....

Position/Rank:.....

Contact Address:.....

Tel.: No. (Home):..... **(Mobile):**..... **(Work):**.....

Signature and Date:.....

Declaration

(To be completed by the applicant himself/herself)

I hereby certify that the information provided in this form is, to the best of my knowledge and belief, correct.

Name in Full:.....

Signature and Date:.....

For Official Use Only

Date Received:..... **Registration No:**.....

Membership Grade:.....

Payment Details:.....

Remarks:.....