

NOTES

FOR THE REGISTRATION OF HONORARY SENIOR MEMBERS

CONDITIONS:

1. He must satisfy the Council on application, that he is a fit and proper person to be so registered.
2. He must be of good character and must not have been involved in fraud, dishonesty or any criminal act.
3. He has obtained the academy/professional qualifications; such as B.Sc., B.A, LLB, HND, ACA, ACIS, AIPM and any other qualification as may be prescribed by the council from time to time.
4. He must not be below Lecturer 1.
5. He is neither a Fellow nor an Associate of the Institute.
6. The applicant should provide current Curriculum Vitae.
7. Where spaces provided are inadequate for necessary information, additional information may be provided on a separate sheet.

COMPLETED APPLICATION FORM SHOULD BE RETURNED WITH:

- (a) A bank certified cheque/draft covering Registration Fee/Form, Life membership subscription and National Secretariat Development levy.
Name and Address of applicant should be written at the back of Cheque/Draft.
- (b) One passport photograph certified by any of the referees.
- (c) Photocopies of credentials sighted by an Associate or Fellow currently registered with the Institute or sighted by an official of the employer not below the status of an Executive Director.
- (d) Current Curriculum Vitae.

CURRENT ANNUAL REGISTRATION FEES

| | |
|---|-------------------|
| Application Form | 2,000.00 |
| Registration Fee | 10,000.00 |
| Annual Subscription | 20,000.00 |
| Development Levy (payable at once) | 100,000.00 |
| TOTAL | 132,000.00 |
| Governing Council's Discount for Lecturers: | |
| 50% of the Total Fee | 66,000.00 |
| Investiture Fee | 95,000.00 |
| Special CCPD | 20,000.00 |
| Medallion | 20,000.00 |
| Stole (Rental) | 7,500.00 |
| TOTAL FEE | 193,500.00 |

LIFE MEMBERSHIP SUBSCRIPTION (OPTIONAL)

| | |
|---|-------------------|
| Application Form | 2,000.00 |
| Registration fee | 10,000.00 |
| Life Subscription | 300,000.00 |
| Development Levy (payable at once) | 100,000.00 |
| TOTAL FEE | 412,000.00 |
| Governing Council's Discount for Lecturers: | |
| 50% of the Total Fee: | 206,000.00 |
| Investiture Fee | 95,000.00 |
| Special CCPD | 20,000.00 |
| Medallion | 20,000.00 |
| Stole Rental | 7,500.00 |
| TOTAL FEE | 348,500.00 |

FOR OFFICIAL USE ONLY

1. Date Received

2. Date of Registration

3. Membership No

3. Form Processed

Signature

Date

4. Registration Approved by:

Signature

Date

Enquiries should be Directed

The Registrar/Chief Executive

**THE CHARTERED INSTITUTE
OF BANKERS OF NIGERIA**

BANKERS HOUSE

PC 19 Adeola Hopewell Street, P. O. Box 72273

Victoria Island, Lagos, Nigeria

Tel: 01-4617924, 4618930,

E-mail: cibn@cibng.org

Website: www.cibng.org



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THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

(Incorporated in 1976 and Chartered by Decree 12 of 1990 now Act No. 5 of 2007)

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Application for Registration
as an
Honorary Senior Member

Please Submit my name to the Council for registration as an
HONORARY SENIOR MEMBER OF THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA
in accordance with the Act Number 12 of May 1990, now Act No. 5 of 2007



**PASSPORT SIZE
PHOTOGRAPH**

1. (a) Surname (Block Letters)

(b) Others Names (Block Letters)

(c) Title (Chief, Dr., Mr., Mrs., Miss, Others please specify)

2. Date of Birth (DD/MM/YY)

3. Present Employer

4. Present Position/Status

5. Office Address (not P.O.Box)

Telephones (i) FIXED
 (ii) MOBILE

E-mail

Residential Address

Telephones

6. Previous Employment with dates

(a)

(b)

(c)

(d)

(e)

(f)

7. Qualifications with dates

(a)

(b)

(c)

(d)

(e)

8. Membership of Professional Institutions

(a)

(b)

(c)

9. I declare that:

(a) The information stated above is correct.

(b) I will endeavour to further the objectives of The Chartered Institute of Bankers of Nigeria and abide by the rules and regulations of the Institute at all times

Signature Date

REFERENCES

I recommend the applicant for registration as an Honorary Senior Member of the institute

1. Fellow/Associate (please delete as appropriate)

Name:

Membership No.

Signature Date

Applicant's Employer not below the rank of Head of Department

Name:

Address:

Signature Date