



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

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

BANKERS HOUSE

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VAT No. LOV1000219858

(TO BE COMPLETED BY EMPLOYER)

DETAILS OF APPLICANT FOR THE AWARD OF FELLOWSHIP (FCIB)

1. **NAME:**.....

2. **IS THE APPLICANT STILL IN YOUR EMPLOYMENT? YES/NO**_____

3. **IF YES, DATE EMPLOYED AND POSITION:-**_____

4. **IF NO, POSITION AT EXIT**_____

5. **PRESENT POSITION AND DATE APPOINTED:**.....

6. **PREVIOUS EMPLOYMENT(S) AS CONTAINED IN YOUR RECORDS:-**

(A) **NAME:**.....

ADDRESS:.....

PERIOD: FROM..... **TO:**.....

(B) **NAME:**.....

ADDRESS:.....

PERIOD: FROM:..... **TO:**.....

(C) **NAME:**.....

ADDRESS:.....

PERIOD: FROM:..... **TO:**.....

7. IF NO TO QUESTION 2, PLEASE COMPLETE THE FOLLOWING TABLE:-

NO LONGER IN SERVICE	REASON(S) FOR ACTION TAKEN
[a] DISMISSED	
[b] APPOINTMENT TERMINATED	
[c] ADVISED TO RESIGN	
[d] RESIGNED ON OWN ACCORD	

8. DO YOU CONSIDER HIM/HER SUITABLE FOR THE CONFERMENT OF FCIB, THE HIGHEST QUALIFICATION IN THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA? YES/NO.

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9. IF NO, PLEASE STATE REASON(S)

.....

10. ANY OTHER COMMENT(S) YOU CONSIDER RELEVANT

.....

.....
 NAME & SIGNATURE

.....
 OFFICIAL STAMP STATING POSITION

To be signed by Managing Director/Chief Executive or Executive Director

(We thank you for your time and patience in completing this form)