

## **GUIDELINES FOR COMPLETION OF FELLOWSHIP FORMS**

1. THE ATTACHED FORM MUST BE COMPLETED BY THE CANDIDATE AND ENDORSED BY THE BRANCH CHAIRMAN.
2. CRITERIA FOR FELLOWSHIP ELECTION  
To be eligible for election as Fellow, a person:
  - (a) Must have completed the Fellowship Application Form.
  - (b) Must have been an Associate Member for at least 10 years.
  - (c) Must have attended pre-investiture CCPD Programme.
  - (d) Must be considered by the Board of Fellows as fit and proper for election into Fellowship of the Institute.
  - (e) Must have fulfilled all financial obligations before Investiture.
3. SPONSORS PART OF THE FORM MUST BE COMPLETED BY PROPOSER AND SECONDER WHO MUST BE FELLOWS OF THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA.
4. PLEASE COMPLETE THE ATTACHED STANDARD CURRICULUM VITAE FORM AND RETURN WITH THE COMPLETED FELLOWSHIP APPLICATION FORM. **PLEASE ATTACH YOUR USUAL CURRICULUM VITAE AND RECENT PASSPORT PHOTOGRAPH.**
5. EVIDENCE OF PAYMENT OF CURRENT MEMBERSHIP SUBSCRIPTION AND DEVELOPMENT LEVY SHOULD ALSO BE ATTACHED.
6. PLEASE NOTE THAT COUNCIL'S DECISION ON ELECTION TO FELLOWSHIP IS FINAL. COUNCIL WILL NOT ENTER INTO CORRESPONDENCE WITH THOSE NOT DEEMED FIT FOR ELECTION.
7. COMPLETED APPLICATION FORMS SHOULD BE SENT TO:

THE REGISTRAR/CHIEF EXECUTIVE  
THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA  
PC 19, ADEOLA HOPEWELL STREET  
P. O. BOX 72273  
VICTORIA ISLAND,  
LAGOS.

E-Mail: [members@cibng.org](mailto:members@cibng.org)

# THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

(Established in 1976 and Chartered by Decree 12 of 1990 NOW Act No 5 of 2007)

## APPLICATION FOR FELLOWSHIP ELECTION

1. MEMBERSHIP NUMBER: \_\_\_\_\_

2. (a) SURNAME (Block Letters): \_\_\_\_\_

(b) OTHER NAMES: (Block Letters): \_\_\_\_\_ TITLE: \_\_\_\_\_

3. BUSINESS ADDRESS: \_\_\_\_\_

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4. DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

5. DATE REGISTERED (DD/MM/YYYY): \_\_\_\_\_

6. DATE ADMITTED AS ASSOCIATE (DD/MM/YYYY): \_\_\_\_\_

7. DATE OF 1ST APPOINTMENT IN:

(a) BANK \_\_\_\_\_

(b) FINANCIAL INSTITUTION: \_\_\_\_\_

ANY OTHER INSTITUTION: \_\_\_\_\_

(c) DATE OF PROMOTION TO SENIOR MANAGEMENT GRADE: \_\_\_\_\_

8. WORK EXPERIENCE:

ORGANISATION	DATE EMPLOYED	DATE OF LEAVING	POSITION ON JOINING	POSITION ON LEAVING	REASON(S) FOR LEAVING

9. SERVICE TO THE INSTITUTE (NATIONAL SECRETARIAT)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

10. BRANCH ACTIVITIES:

(a) POSITIONS HELD WITH DATE:

NAME OF BRANCH	POSITION HELD	START DATE	STOP DATE	REASONS

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**(b) OTHER ACTIVITIES AT BRANCH AND ZONAL LEVEL**

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

**11. PUBLICATIONS (IF ANY) WITH DATES:**

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_

**12. ANY OTHER RELEVANT INFORMATION:**

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_

**13. APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE (DD/MM/YYYY): \_\_\_\_\_**

**14. CURRENT BRANCH CHAIRMAN'S COMMENT ON ITEM 10**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15. BRANCH CHAIRMAN'S RECOMMENDATION (Y/N): \_\_\_\_\_**

**BRANCH CHAIRMAN'S NAME: \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ DATE (DD/MM/YYYY): \_\_\_\_\_**

	NAME	MEMB. NO	ORGANISATION	POSITION	SIGNATURE	DATE
PROPOSER						
SECONDER						

*(The proposer & seconder must be Fellows of the Institute).*

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## STANDARD CURRICULUM VITAE FORM FOR FELLOWSHIP APPLICATION.

1. SURNAME: \_\_\_\_\_ (TITLE) \_\_\_\_\_

2. OTHER NAMES: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_

4. PLACE OF BIRTH: \_\_\_\_\_

5. NATIONALITY: \_\_\_\_\_

6. OFFICE ADDRESS:.... \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ GSM \_\_\_\_\_

7. RESIDENTIAL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

8. EDUCATIONAL INSTITUTIONS ATTENDED:  
NAME FROM TO

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. ACADEMIC QUALIFICATIONS WITH DATES:

_____	_____
_____	_____
_____	_____
_____	_____

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**10. PROFESSIONAL QUALIFICATIONS WITH DATES:**

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**11. SEMINARS / WORKSHOPS ORGANISED BY THE INSTITUTE ATTENDED (STATE DATE & YEAR)**

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**12. PUBLICATIONS, RESEARCH PROJECTS AND PAPERS PRESENTED (WITH DATES).**

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**13. PARTICIPATION/ATTENDANCE AT NATIONAL SECRETARIAT'S PROGRAMMES (INDICATE PROGRAMMES AND DATES)**

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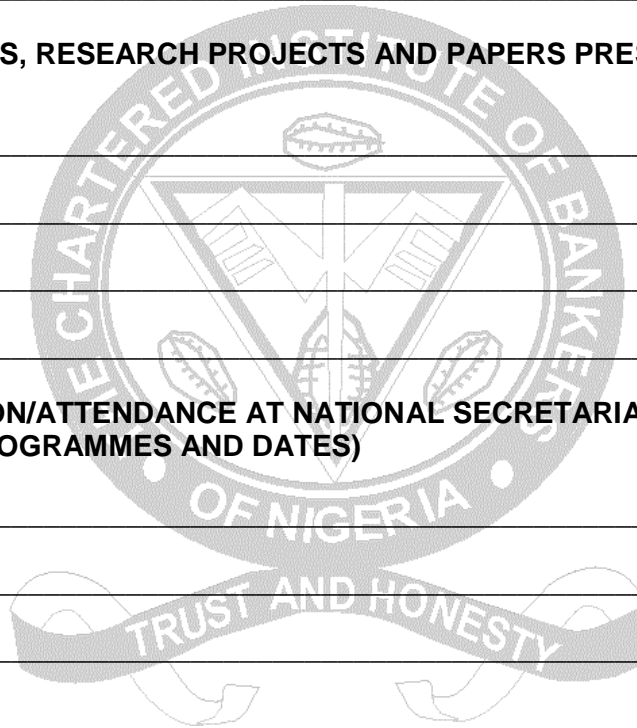
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**14. PARTICIPATION AT THE ANNUAL BANKING AND FINANCE CONFERENCE (WITH DATES)**

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# THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

(Established in 1976 and Chartered by Decree 12 of 1990 NOW Act No 5 of 2007)

**15 ATTENDANCE OF COMPULSORY CONTINUING PROFESSIONAL DEVELOPMENT (CCPD) PROGRAMMES (WITH DATES)**

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**16 ATTENDANCE OF TRAINING PROGRAMMES ORGANISED BY OTHER RECOGNISED INSTITUTIONS (ATTACHED CERTIFICATE OF ATTENDANCE)**

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**17 EMPLOYMENT HISTORY.  
MANAGEMENT APPOINTMENTS**

<u>EMPLOYER</u>	<u>DESIGNATION OF THE MANAGEMENT POST</u>	FROM	TO
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**18. SENIOR MANAGEMENT APPOINTMENTS**

<u>EMPLOYER</u>	<u>DESIGNATION OF THE SENIOR MANAGEMENT POST</u>	FROM	TO
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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**19. HONOURS RECEIVED (NATIONAL, INTERNATIONAL, ACADEMIC, PROFESSIONAL, RELIGIOUS, COMMUNAL).**

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**20. HOBBIES / LEISURE INTERESTS**

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**21. OTHERS**

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YOU MAY ATTACH ADDITIONAL SHEETS TO EXPATiate ON ANY OF THE ABOVE ITEMS OR ON ANY OTHER MATTER.

**SIGNATURE OF DECLARANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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## BANKERS HOUSE

PC 19, ADEOLA HOPEWELL STREET, P. O. BOX 72273,  
VICTORIA ISLAND, LAGOS, NIGERIA

TEL.: 4617924,4610654, Telefax: 4618930

E-Mail: [cibn@cibng.org](mailto:cibn@cibng.org) Website: <http://www.cibng.org>

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:.....



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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)

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 .....  
 .....  
 .....

10. ANY OTHER COMMENT(S) YOU CONSIDER RELEVANT

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 .....  
 .....

.....  
 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)*