

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 Assistant General Manager with 15 years Banking experience of which 10 years must have been in a management position.
5. He is neither a Fellow nor an Associate of the Institute.
6. The applicant should provide current Curriculum Vitae.
7. Where spaces provide are inadequate for necessary information, additional information may be provide on a separate sheet.

COMPLETED APPLICATION FORM SHOULD BE RETURNED WITH:

- (a) A bank certified cheque/draft or evidence of payment of appropriate registration fees.

Name and Address of applicant should be written at the back of Cheque/Draft.

- (b) One passport photograph certified by any of the referees.

- © 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.

REGISTRATION FEES HCIB WITH ANNUAL SUBSCRIPTION OPTION

Application Form	2,000.00
Registration fee	10,000.00
Annual Subscription	22,500.00
Development Levy (payable at once)	100,000.00
Investiture Fee	110,000.00
Special CCPD	20,000.00
Medallion	20,000.00
TOTAL FEE	284,500.00

HCIB WITH LIFE MEMBERSHIP SUBSCRIPTION OPTION

Application Form	2,000.00
Registration fee	10,000.00
Life Subscription	337,500.00
Development Levy (payable at once)	100,000.00
Investiture Fee	110,000.00
Special CCPD	20,000.00
Medallion	20,000.00
TOTAL FEE	599,500.00

Mode of Payment

1. E-Transfer /Cash payment to any of the following bank accounts.

Bank Name:	FBN Nig. Ltd	Access Bank Plc	GTbank Plc
Acct. No:	2000607939	0019395540	0000845015
Acc. Name:	CIBN	CIBN	CIBN

Kindly state the purpose for payment as HCIB Investiture.

2. Bank Drafts/Bank cheques in favour of The Chartered Institute of Bankers of Nigeria.
3. POS (at the National Secretariat Lagos, National Secretariat Annex Abuja & Eastern Zonal Office Owerri.

FOR OFFICAL USE ONLY

1. Date Received

2. Date of Registration

3. Membership No

3. Form Processed By:

Signature

Date

4. Registration Approved by:

Signature

Date

Enquiries should be Directed

The Registrar/Chief Executive

**THE CHARTERED INSTITUTE
OF BANKERS OF NIGERIA**

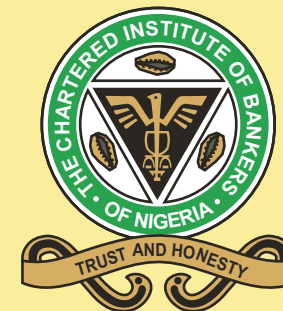
BANKERS HOUSE

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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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Victoria Island, Lagos, Nigeria
Tel: 01-4617924, 4618930,
E-mail: cibn@cibng.org
Website: www.cibng.org

**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



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/HCIB/MCIB (please delete as appropriate)

Name:

Membership No.

Signature Date

Applicant's Employer not below the rank of Executive Director

Name:

Address:

Signature Date