

# THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

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

## BANKERS HOUSE

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

TEL.: 4617924, 4610655; Telefax: 4618930

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

## APPLICATION FOR MEMBERSHIP

1. SURNAME:

OTHER NAMES:

TITLE:

2. DATE OF BIRTH:

3. SEX:

4. NAME OF  
COMPANY/  
INSTITUTION:

IF YOU WORK IN  
A BANK, STATE  
BRANCH/DEPT.  
ADDRESS

BANK CODE

Leave Blank

BRANCH CODE

Leave Blank

PRESENT  
POSITION

5. OFFICE ADDRESS  
(BOTH CONTACT  
& POSTAL)

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MOBILE PHONE

6. RESIDENTIAL  
ADDRESS

RESIDENTIAL  
PHONE NUMBER

7. E-MAIL ADDRESS

## 8. DUES AND LEVIES

SUBSCRIPTION FEE

REG. FEE

FORM FEE

DEV. LEVY

## 9. WORK EXPERIENCE

ORGANISATION

DATE EMPLOYED

DATE OF LEAVING

STATUS

REASON FOR LEAVING

ORGANISATION

DATE EMPLOYED

DATE OF LEAVING

STATUS

REASON FOR LEAVING

ORGANISATION

DATE EMPLOYED

DATE OF LEAVING

STATUS

REASON FOR LEAVING

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## 10. QUALIFICATIONS

QUALIFICATION

DISCIPLINE

INSTITUTION

YEAR

QUALIFICATION

DISCIPLINE

INSTITUTION

YEAR

QUALIFICATION

DISCIPLINE

INSTITUTION

YEAR

11. I ATTACH BANK DRAFT/CHEQUE NUMBER

FOR NAIRA (=N=)

## I DECLARE THAT

- (a) The above information is correct
- (b) I will endeavor to further the objectives of The Chartered Institute of Bankers of Nigeria and that I will abide by the rules and regulations of the Institute.
- (c) I accept responsibility for any error, wrong information or omission contained in this form.

SIGNATURE \_\_\_\_\_

DATE (DD/MM/YYYY)

## 12. REFERENCE

I CONFIRM THAT THE APPLICANT IS A MEMBER OF STAFF OF THIS INSTITUTION AND IS RECOMMENDED FOR MEMBERSHIP OF THE INSTITUTE

NAME

ADDRESS

# THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

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DESIGNATION

IF CIBN MEMBER, STATE NUMBER

If applicant is not your staff please state relationship with him/her

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SIGNATURE AND OFFICIAL STAMP

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## FOR OFFICIAL USE ONLY

MEMBERSHIP NUMBER

CIBN BRANCH CODE

## DOCUMENTATION

DOCUMENT COMPLETE (Y/N)

ELIGIBLE TO SIT FOR EXAM? (Y/N)

RECEIPT NUMBER

DATE RECEIVED (DD/MM/YYYY)

DATE REGISTERED (DD/MM/YYYY)

FORM PROCESSED BY