



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; Tel/fax: 4618930

E-Mail: cibn@cibng.org Website: <http://www.cibng.org>

APPLICATION FORM FOR PRACTICE LICENCE/SEAL

Important Notice

Your application will not be considered unless all the required information and documents are provided.

I hereby apply for a Licence/Seal to Practice as a Chartered Banker in the Federal Republic of Nigeria:

A. CONTACT DETAILS

- (i) Surname:
.....
(in block letters)
- (ii) Other Names (in full):
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- (iii) Postal Address:
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- (iv) Residential Address:
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- (v) Home Town Physical Address:
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- (vi) E-mail address(es):
.....

- (vii) Telephone(s):
.....
- (viii) Date Elected as an Associate:
.....
- (ix) Date Invested/Elected as a Fellow (if applicable):
.....
- (x) Membership No.
.....
- (xi) Date of Birth
.....

B. QUALIFICATIONS

- (i) 1st Degree or Equivalent
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- (ii) Masters.....
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- (iii) Others Professional Qualifications
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.....
- (iv) Others (Ph. D e.t.c.)
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C. OTHER DETAILS

- (ii) Please state any existing Practice Licence(s) you already hold. (Please attach photocopies of Licence(s))
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- (iii) If you are in a paid employment, please state:
 - (a) Name of Employer
.....
 - (b) Address of Employer
.....
.....

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- (c) Telephone(s).....
 - (d) E-mail
 - Address(s).....
 - (e) Your Status/Grade

 - ...
 - (f) Dept/Branch

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c. WORK HISTORY

- (a) How long have you worked in the banking industry?
 (state date.).....
- (b) Last Grade attained.
- (i) If you are not in paid employment, please state:
 - (a) Your present occupation/Source of livelihood

 - (b) Name and address of Business (if any)

 - (c) How long have you been out of paid employment?

- (ii) List Seminars/Workshops attended in the past three years with dates (Submit
 copies of certificates)

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(iii) What areas of practice would you prefer? (Please refer to page 3 of the Policy, Rules and Regulation on Practice Licence and Seal)

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D. CONTRIBUTION OR SERVICE TO THE PROFESSION/INSTITUTE

(i) Service to CIBN Branch/Chapter

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(ii) Service to the National Secretariat

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(iii) Membership of Industry-wide Committee

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(iv) Services to other Sub-sectoral Associations in the Financial Services Industry

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(v) Others (i.e. Services that Promote the Images of the Institute (Industry))

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(vi) Participation/Attendance at CIBN Activities/programmes with Dates e.g. Annual General Meeting, October Lecture, Annual Dinner, Associate Induction, HCIB and Fellowship Investiture

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(vii) Preparing and Delivering of Academic Professional Papers at Seminars and Training sessions with Dates

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(viii) Publication of Articles with Dates in Financial, Professional, and other Journals

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(ix) Currency with Development in Financial Services Industry, including attendance of Banking & Finance Conference, CIBN & other Seminars and Workshops etc

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D. FEES

(i) Please attach evidence of payment

(a) Application Fees ₦

(b) Licence/Seal Fee ₦

(ii) Current Financial Status with the Institute:

a. Annual Subscription paid (state year when paid last)

b. Development Fee

c. Others

E. REFERENCES

(i) From Immediate Past Employer

Name:

Position:

Organisation:

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Official Stamp

Signature and Date

(ii) Fellows/Honorary Fellows/Associates

Name:.....

Membership No.....

Position:.....

Organisation:.....

.....

Signature.....

Date.....

(iii) Name:

Membership No.....

Position:.....

Organisation:.....

Signature.....

Date.....

F. DECLARATION BY THE APPLICANT

I, certify that the information/documents provided in support of my application for Practice Licence/Seal as a Chartered Banker are to the best of my knowledge, true and correct. I declare that if approved, the Licence/Seal shall not be used for unethical, unprofessional and unlawful practices.

.....

Signature

.....

Date

FOR OFFICE USE

(1) Date application was received:

(2) Confirmed fees paid: (a)

(b)

(c)

(3) Applicants' Financial Position with the Institute:

(4) Confirmation of information supplied by applicant:.....

(5) Recommendation:

Approval

Provision of additional information/document

Decline

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(6) If additional information/documents are needed, state what is required

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(7) Recommending Officer:

Name:.....

Signature/Date.....

(8) Decision of Board of Practice Licence.

(a) Recommended/Declined

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.....

Name/Signature of Chairman,
Practice Licence Board

Name/Signature of Secretary,
Practice Licence Board

Date:.....

Date:.....

Governing Council's Decision: Date:.....

Post Governing Council's Decision

(b) Effective Date of Licence:

(c) Expiry Date of Licence:

(d) Licence Number

(e) Any Other Information:

Checked by: Name:..... Signature/Date:.....

Approved by: Name:..... Signature/Date:.....

APPROVED LICENCE FEES:

APPLICATION FORM	-	N10, 000
LICENCE FEE	-	N20, 000
SEAL	-	N20, 000
INDUCTION FEE	-	<u>N25, 000</u>
TOTAL		<u>N75, 000</u>
RENEWAL OF LICENCE	-	N25, 000
REPLACEMENT OF SEAL	-	N20, 000

REQUIRED DOCUMENTS

- 1. Passport Photograph**
- 2. Comprehensive CV**
- 3. Copies of Credentials**