### **NOTES**

### FOR THE REGISTRATION OF HONORARY SENIOR MEMBERS

### CONDITIONS:

- 1. He must satisfy the Council on applictaion, 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 Lecturer 1.
- 5. He is neither a Fellow nor an Associate of the Institute.
- 6. The applicant should provide current Curriculum Vitae.
- 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 covering Registration Fee/Form, Life membership subscription and National Secretariat Development levy. Name and Address of applicant should be written at the back of Cheque/Draft.
- (b) One passport photograph certified by any of the referees.
- (c) 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 SUBCRIPTION OPTION

Application Form	2,000.00
Registration Fee	10,000.00
Annual Subscription	22,500.00
Development Levy (payable at once)	100,000.00
TOTAL	134,500.00
Governing Council's Discount for Lecturers:	
50% of the Total Fee	67,250.00
Investiture Fee	112,750.00
Special CCPD	20,000.00
Medallion	20,000.00
TOTAL FEE	220,000.00

### HCIB WITH LIFE MEMBERSHIP SUBSCRIPTION OPTION

Application Form	2,000.00
Registration fee	10,000.00
Life Subscription	337,700.00
Development Levy (payable at once)	100,000.00
TOTAL FEE	449,500.00
Governing Council's Discount for Lecturers:	
50% of the Total Fee:	224,750.00
Investiture Fee	112,750.00
Special CCPD	20,000.00
Medallion	20,000.00
TOTAL FEE	377,500.00

#### 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
	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**

PC 19 Adeola Hopewell Street, P. O. Box 72273 Victoria Island, Lagos, Nigeria Tel: 01-4617924, 4618930, Nelson on 08056597178 **E-mail: cibn@cibng.org, members@cibng.org Website: www.cibng.org** 



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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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PC 19 Adeola Hopewell Street, P. O. Box 72273 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

1. (a) Surname       (Block Letters)         (b) Others Names       (Block Letters)         (c) Tittle       (Chief, Dr., Mr., Mrs., Miss, Others please specify)         2. Date of Birth       (DD/MM/YY)         3. Present Employer       (DD/MM/YY)	6. Prev ( a) ( b) ( c)	ious Employment with dates	(a) The info (b) I will en Institute
(b) Others Names         (Block Letters)         (c) Tittle         (Chief, Dr., Mr., Mrs., Miss, Others please specify)         2. Date of Birth         (DD/MM/YY)	(b)		(b) I will en Institute
(c) Tittle       (Chief, Dr., Mr., Mrs., Miss, Others please specify)       2. Date of Birth       (DD/MM/YY)			(a) The info (b) I will en Institute
(Chief, Dr., Mr., Mrs., Miss, Others please specify) 2. Date of Birth (DD/MM/YY)			(b) I will en Institute
(Chief, Dr., Mr., Mrs., Miss, Others please specify) 2. Date of Birth (DD/MM/YY)	( c)		Institute
(DD/MM/YY)	( c)		regulatio
3 Present Employer			
	( d)		
4. Present Position/Status	( e)		I recommen Senior Mem
			1. Fellow/As
5. Office Address	( f)		Name:
(not P.O.Box)			Mambarahin
		fications with dates	Membership
Telephones (i) FIXED	( a)		
	(b)		
E-mail	( c)		Applicant's E
Residential Address	( d)		Name:
	( e)		Address:
	8. Mem	bership of Professional Institutions	Address.

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				
Sigr	nature	Da	ate	
<b>REFERENCES</b> 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				
Sigr	nature	Da	ate	
Applicant's Emplo	oyer not below th	e rank of Head of	Department	
Name:				
Address:				
Address.				

Date

## PASSPORT SIZE PHOTOGRAPH