

GUIDELINES FOR COMPLETION OF FELLOWSHIP FORMS

1. THE ATTACHED FORM MUST BE COMPLETED BY THE CANDIDATE AND ENDORSED BY THE BRANCH CHAIRMAN.
2. SPONSORS PART OF THE FORM MUST BE COMPLETED BY PROPOSER AND SECONDER WHO MUST BE FELLOWS OF THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA.
3. PLEASE COMPLETE THE ATTACHED STANDARD CURRICULUM VITAE FORM AND RETURN WITH THE COMPLETED FELLOWSHIP APPLICATION FORM. YOU MAY ALSO ATTACH YOUR USUAL CURRICULUM VITAE.
4. EVIDENCE OF PAYMENT OF CURRENT MEMBERSHIP SUBSCRIPTION AND DEVELOPMENT LEVY SHOULD ALSO BE ATTACHED.
5. 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.
6. 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

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

MF 16

1. MEMBERSHIP NUMBER: _____
2. (a) SURNAME (Block Letters): _____
 (b) OTHER NAMES: (Block Letters): _____ TITLE: _____
3. BUSINESS ADDRESS: _____

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:

- (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 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	SIGNATURE	DATE
PROPOSER			
SECONDER			

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

STANDARD CURRICULUM VITAE FORM FOR FELLOWSHIP APPLICATION.

1. SURNAME:(TITLE)

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2. OTHER NAMES:

3. DATE OF BIRTH:

4. PLACE OF BIRTH:

5. NATIONALITY:

6. OFFICE ADDRESS:

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E-MAIL ADDRESS: TELEPHONE NO:

7. RESIDENTIAL ADDRESS:

.....

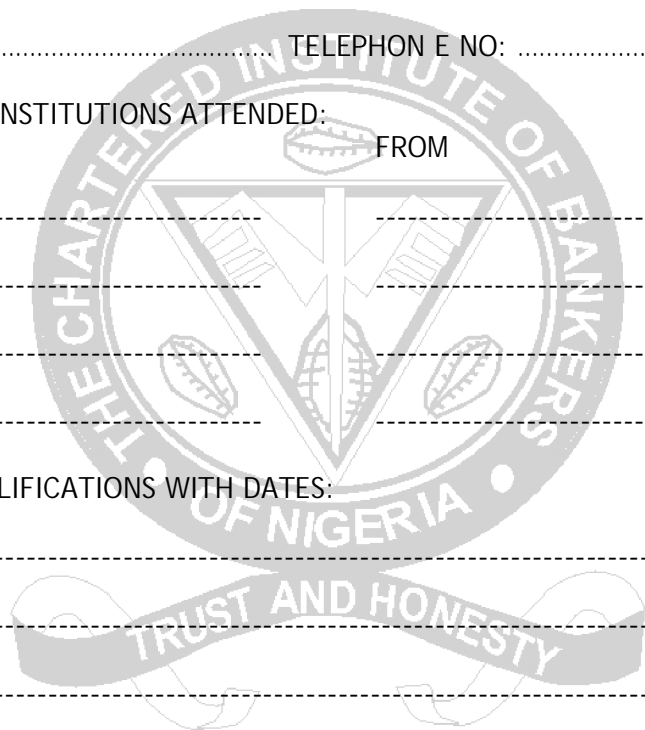
..... TELEPHONE NO:

8. EDUCATIONAL INSTITUTIONS ATTENDED:
NAME FROM TO

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9. ACADEMIC QUALIFICATIONS WITH DATES:

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10. PROFESSIONAL QUALIFICATIONS WITH DATES:

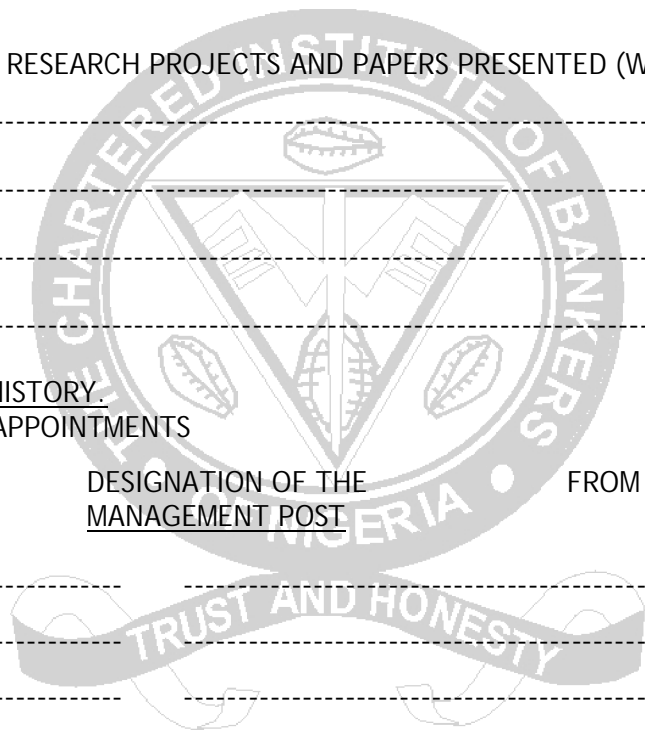
11. SEMINARS / CONFERENCE, TRAINING COURSES ATTENDED (WITH ORGANISERS, VENUES AND DATES)

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

13. EMPLOYMENT HISTORY.
MANAGEMENT APPOINTMENTS

<u>EMPLOYER</u>	<u>DESIGNATION OF THE MANAGEMENT POST</u>	<u>FROM</u>	<u>TO</u>
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14. SENIOR MANAGEMENT APPOINTMENTS
- | <u>EMPLOYER</u> | <u>DESIGNATION OF THE SENIOR MANAGEMENT POST</u> | <u>FROM</u> | <u>TO</u> |
|-----------------|--|-------------|-----------|
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15. PARTICIPATION IN INSTITUTE'S ACTIVITIES - CIBN NATIONAL AND BRANCH PROGRAMMES WITH DATES (BRANCH AFFILIATION, MEETINGS, COMMITTEES, COUNCIL, CONFERENCES, SPONSORSHIP, MEMBERSHIP DRIVE, LECTURES, PRIZE DONATION ETC).

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

17. HOBBIES / LEISURE INTERESTS

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18. OTHERS

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

SIGNATURE OF DECLARANT: -----

DATE: -----

