CHARTERED INSTITUTE OF STOCKBROKERS

(Chartered by Act 105 of 1992)



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APPLICATION FORM

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> > INITIALS

Election as a Fellow

SURNAME (BLOCK LETTERS)

The Registrar & Chief Executive

Chartered institute of Stockprokers

50/52, Broad Street, Lagos.

P. O. Box 9938, Marina, Lagos,

Telephone: +234-1-2802180-5, 7615880-1

CONTACT TELEPHONE NUMBER

MAILING ADDRESS

PLEASE READ THE NOTE INSIDE BEFORE COMPLETING THE FORM

E-mail: info@cisnigeria.com

NOTE:

- 1. All questions must be answered.
- 2. Please print answers or type in block letters.
- 3. A candidate must have two referees, who must be Fellows of the institute. One of the referees must be a council member. The processing of your application may be delayed for non-compliance with this provision or if your referee(s) have not paid their current annual subscription/dues.
- 4. Candidates for Fellowship election will be required to pay a total application fee of N260,000 (Two Hundred and Sixty Thousand Naira only) Please make cheques payable to "Chartered Institute of Stockbrokers" and crossed or through bank transfer/direct lodgement into "Chartered Institute of Stockbrokers" GTB Account No-0003501468 or Zenith Bank Account N0- 1011570092. These fees are payable at the time of application.
- 5. Photocopies of professional and academic qualifications claimed as well as detailed curriculum vitae an abridged profile (3 paragraphs of not more than 200 Words) must be attached to the application.
- 6. All documents attached in support of the application must be duly certified as true copies of the original documents by one of the referees. The referee certifying the documents must quote his membership number immediately after his signature and affix his membership seal.
- 7. Soft copy of your coloured passport photographs (with white background) and a corporate portrait of yourself to be sent to **membership@cisinigeria.org**
- 8. Please sign within the "specimen signature" boxes provided below:

SPECIMEN SIGNATURE

9. Completed application form and fees should be sent to: The Registrar & chief Executive Chartered Institute of Stockbrokers
71, Raymond Njoku Street, Off Awolowo Road, South West Ikoyi, Lagos.
P.O. Box 9938, Marina, Lagos.
Telephone: +234(0)7046340842, +234(0)7065843682
+234(0)8181869607
E-mail: info@cisinigeria.com
Website: www.cisinigeria.com I hereby apply to be elected as a fellow of the institute

1.	Fu	Il Name of Applicant:	(2) Name
	(i)	Surname:	Title:
	(ii)	Other Names:	(IN BLOCK LETTERS)
	(iii)	Former Names if any:	Signature
2.	Cu	rrent Employment Details:	
	(i)	Name of Firm:	
	(ii)	Nature of Business:	
	(iii)	Address:	
			elephone:
	(iv)		-mail:
	(v)	Position Held:	
3.	Re		Must be an Associate in good standing for a continuous per
			Musthave parts of the relevant examination at least ten (1)
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4.			Age Must not be a subregativestication. (civil or criminal
			similar Professional Bodies or other Regulatory Bodies.
5.	Na	tionality:	Must comply with MCRD requirement.
6.	Aca		FOR OFFICE USI
7.	Ins	titutions Attended with Dates	
	(i)		Date Application received
	(ii)		Application. Accepted
8.	Dat	te of completing CIS or NSE Examinat	Reason for releation
9.	Dat	e of Election as an Associate	
11.	Oth	er Professional Qualifications with Da	
12.	Hor	nours and Decorations	Date

Please provide a statement of your career starting with the most current to the first employment since leaving full time education and give an explanation if there are any significant gaps

Dates from/to	Firm's name and address	omi omi line by t	Nature of business				
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14. Reputation and Character

- Have you ever been convicted of any offence involving fraud or other dishonesty or any criminal (i) offence in Nigeria or elsewhere?
- Have you at any time been declared bankrupt or had your estate sequestrated, or are you (||)currently the subject of bankruptcy proceedings? Are you aware of any such proceedings pending?
- Have you at any time entered into a deed of arrangement in favour of your creditors, or other (iii) composition or arrangement with creditors, or failed to satisfy a judgement debt?
- Have you at any time resigned from, been refused or had revoked membership of any (iv) association of dealers in securities or any Stock Exchange?
- Have you or your employer been publicly censored or disciplined by a regulatory authority in (v) relation to your business or professional activities?
- (vi) Have you been refused entry to any profession or vocation or been dismissed or requested to resign from any office or employment, or from any fiduciary office or position of trust, whether or not remunerated?
- (vii) Have you ever knowingly been the subject of an investigation into allegations of misconduct or malpractice in connection with investment business?
- If your answer to any of the seven questions above is yes use additional sheet to provide detailed NOTE: explanations.

Declaration

15.

All candidates must notify the Institute immediately of any significant changes in the information provided in this application form which occur after the date of submission of the application and prior to receiving notification of the Institute's decision thereon.

Misleading or attempting to mislead the Institute on any point will be deemed an act of misconduct and may render the candidate, if admitted, liable to disciplinary proceedings.

"I hereby apply for election as a Fellow of the Institute, I declare that the information I have supplied is complete and correct. In consideration of my being elected a Fellow of the Institute. I agree that I will Comply with and be bound by the Institute's Act No. 105 of 1992 and by the rules and regulations in force at the time of my application and subsequent rules and regulations which may thereafter from time to time be made by the Council of the Institute"

Date:....

Signature.....

Referees: 16.

We, the undersigned members of the Institute recommend the above applicant for election as a Fellow of the Institute and certify that to the best of our knowledge the experience and character of the applicant are such that we consider him/her fit for election as a Fellow of the Institute.

(1)	Name:	
1.19	Firm:	
	Status(Fellow):	
	Signature:	Membership
	Membership Number:	Membership Seal
	Date:	- O

provision
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CHECK LIST

Associate seeking transfer to Fellowship must satisfy the following minimum conditions, among others:-

- Must be an Associate in good standing for a continuous period of five (5) years preceding the application
- Must have passed the relevant examination at least ten (10) years before the date of application.
- Must be sponsored by two (2) Fellows of the Institute in good standing.
- Must not be a subject of investigation, (civil or criminal) or disciplinary action in the Capital Market, similar Professional Bodies or other Regulatory Bodies.
- Must comply with MCPD requirement.

FOR OFFICE USE ONLY

Date Application receive	ed	nstitutions Attended with Dates
Application:	Accepted	Rejected Rejected
Reason for rejection	noi	ate of completing CIS or MSE Examinat
	llow.id.med.med01	te of Election to an Associate.
Signature		ther Protessional Qualifications with D
Date		