

Membership Application Form for CIBN Members



All answers to be printed in ink and in block capitals.

1. Which type of Membership are you applying for? Affiliate Associate (ACSI) Full Member (MCSI)

CISI Candidate/Membership number (if applicable)

Please note there are other application forms for upgrades and individual charter.

(Details of these and all admission criteria can be found at cisi.org/membership)

CISI membership ©2019 version 1

2. Personal details

Title _____
First name(s) _____
Last name _____
Home address _____

Postcode _____
Tel. (include country and local code) _____
Mobile _____
Email _____
Date of birth DD/MM/YYYY _____
Former name(s) if any _____

3. Work details

Firm name _____
Job title _____
Department _____
Firm address _____

Postcode _____
Tel. (include country and local code) _____
Email _____

4. IntegrityMatters

Obtaining a pass in the CISI's IntegrityMatters is a requirement for MCSI, ACSI and Affiliate membership.

For more information please go to cisi.org/integritymatters

I have passed the IntegrityMatters test

I will pass IntegrityMatters to activate my membership

5. Qualifications - If applying on the basis of non-CISI qualifications please provide details (attach a certified copy of the pass certificates)

I have attached my CIBN certificate

A full list of qualifications recognised from other professional bodies can be found on our website.

6. Are you a member of CIBN?

Yes No

7. Communications Preferences

 Please tell us what information you would like to be contacted about

Your Membership: Membership Upgrades CPD, Networking and Social Events Online Learning Member Survey
The Review Digital Articles The Review Print Magazine Member Updates and News

Additional Events: Training Courses Conferences Branch Dinners

Study: Qualifications Bulletin New Qualifications and Pathways Revision Tools

Other: Research Surveys Jobs Online

Telephone Communications: Membership Qualifications Events

Membership Directory: Opt in Membership Directory

8. Contact information (tick one)

Correspondence to be delivered to:

 Work Home**9. Disciplinary history** (tick one)

I have been convicted of a criminal offence

Yes No *Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.*

I have been adjudged bankrupt or insolvent or compounded with my creditors.

Yes No

I have been subject to disciplinary proceedings by the regulator or any professional body within the past five years.

Yes No

Please provide details with your application if you have responded Yes to any of the above.

10. Declaration

1. On applying to become a member of the Chartered Institute for Securities & Investment I agree to abide by the Royal Charter, By-laws, Regulations, and to uphold its high standards as published in its Professional Code (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership
2. I am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
3. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
4. I know of no reason why I should not become a member

Signature: _____

Name in full: _____

11. Payment**CIBN Bank Details****Guaranty Trust Bank**

The Chartered Institute of Bankers of Nigeria

Account Number: 0000845125

Sort Code: 058152010

Swift Code: GTBINGLA

Please email this form to:

members@cibng.org

For enquiries send email to **members@cibng.org** or call Olanipekun **+2348060832062**