



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

## FELLOWSHIP NOMINATION FORM

### Preamble:

The Fellowship of The Chartered Institute of Bankers of Nigeria is the hallmark of senior professional status in the banking & finance industry. It is the epitome of professional stature, integrity and achievement. It also demonstrates commitment to excellence, ethics and professionalism.

The requirements for Fellowship reflect the diversity of the sector in which members operate and recognize service and commitment to the objectives of the Institute.

### Expectations of Fellows

A Fellow should:

- Act as a role model and mentor for others in the profession
- Be an active champion and ambassador for the Institute and the banking profession.
- Be Fit and Proper

### Benefits of Election

The following are the benefits of being a Fellow of the Institute:

- Recognition of your commitment to the banking & finance industry and in particular education and training.
- Use of the designation 'Fellow, CIBN' on your business card and stationaries.
- Opportunities to become part of an exclusive and influential group.
- Recognition at Institute's events and programmes.
- Exclusive use of Fellows badges/Medallions which differentiates them from other professional members.

### Routes to Fellowship Election

As approved by the Governing Council, the following are the routes to Fellowship:

- (a) General Route
- (b) Executive Route

#### (A) General Route

The general route is open to all **Associates** of the Institute who meets the following criteria for election into Fellowship:

- i. Have been an Associate Member of the Institute for at least Ten (10) years post ACIB Induction.
- ii. \*Be fit and proper for election into Fellowship of the institute.
- iii. Have fulfilled all financial obligations.
- iv. Must have earned a minimum of 35 Compulsory Continuing Professional Development (CCPD) Units annually, over a period of three years.
- v. Actively involved in Branch/Zonal/National Secretariat activities.

#### (B) Executive Route

The executive route is open to **Associates** of the Institute who occupy Senior Management positions in their organisations (*as contained in the table below*) and meets the following criteria for election into Fellowship:

- i. Have been an Associate Member for at least Three (3) years post ACIB Induction.
- ii. Be in Senior Management Position of their organization (*See the table below*)
- iii. \*Be fit and proper for election into Fellowship of the institute.
- iv. Have fulfilled all financial obligations.
- v. Must have earned a minimum of 35 Compulsory Continuing Professional Development (CCPD) Units annually, over a period of two years.
- vi. Actively involved in Branch/Zonal/National Secretariat activities.
- vii. Have offered services to sub-sectoral association in the financial services industry or membership of industry-wide Committee.

### Schedule of Senior Management Positions in Different Sectors

S/N	SECTOR	SENIOR MANAGEMENT
1	Public Service	Perm Sec, Director, Deputy Dir, Asst. Dir,
2	University	Principal Officers (VC, DVC, Registrar, Bursar, Librarian), Professors, Members of Senate, Deans of Faculties, Head of Schools, Head of Departments and Lecturer 1 & above.
3	Polytechnic	Principal Officers: (Rector, Deputy Rector, Registrar, Bursar, Librarian), Deans of Faculties, Head of Schools, Head of Departments and Lecturer 1 & above.
4	Deposit Money Banks, Merchant Banks/Development Finance Institutions (BOA, BOI, NEXIM, DBN, Infrastructure bank etc.)	MD/CEO, DMD, ED, GM, DGM, AGM
5	Holding Companies (Private)	Group CEO, GM, DGM, AGM
6	Bank Subsidiaries (Private)/Mortgage Institutions/ Microfinance Banks	MD/CEO, GM, DGM, AGM
7	Regulatory Institutions e.g. CBN, NDIC, SEC etc	Governor, Deputy Governor, Director General, MD/CEO, Executive Director; Dep. Dir., Asst. Dir.
8	Mortgage banks	MD/CEO, ED, GM
9	Microfinance Banks (National	MD/CEO, ED

	License)	
10	Fintech Companies/ Consulting firms / Other Limited liability Companies	Founders, MD/CEO, Principal Partners
11	International/Multinational/Multilateral/ Diplomatic Mission	MD/CEO, DMD, ED, GM, DGM, AGM or their Equivalent

**Completion of Application.**

**Please complete the attached Fellowship Application form and return with your curriculum vitae and recent passport photograph**

**General** Please note that the Governing Council’s decision on election into Fellowship is final. The Governing Council will not enter into correspondence with those not deemed fit for election.

**Completed Application Form 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: [cibn@cibng.org](mailto:cibn@cibng.org)



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

**APPLICATION FOR FELLOWSHIP ELECTION**

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- 1. Membership Number: \_\_\_\_\_
- 2. (a) Surname (Block Letters): \_\_\_\_\_
- (b) Other Names: (Block Letters): \_\_\_\_\_ TITLE: \_\_\_\_\_
- 3. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- 4. Date Registered (DD/MM/YYYY): \_\_\_\_\_
- 5. Date Admitted as Associate (DD/MM/YYYY) \_\_\_\_\_
- 6. Employer's Name \_\_\_\_\_
- 7. CIBN Branch \_\_\_\_\_
- 8. Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Positions Held Since Qualified as Associate and Date

Organisation	Date employed/position on joining	Date of leaving/position on leaving	Reason (s) for leaving

(Kindly attach your current curriculum vitae which should include employment's history, honour's receive) Office E-Mail Address: \_\_GSM\_\_\_\_\_

10. Private E-Mail Address: \_\_\_\_\_ GSM \_\_\_\_\_

11. Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Telephone No: \_\_\_\_\_

12. Academic/Professional qualifications with dates:

Name of Degree/Qualifications	University/Institution	Month & Year of passing


13. Service to the Institute (National Secretariat)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

14. Participation/attendance at National Secretariat's programmes e.g Banking and Finance; Annual Bankers Dinner; Annual Lectures; CIBN Investiture etc (indicate programmes and dates)

\_\_\_\_\_

\_\_\_\_\_

**15 BRANCH ACTIVITIES:**

NAME OF BRANCH	POSITION HELD	START DATE	STOP DATE	REASONS

Other Activities at Branch and Zonal Level.

(i) \_\_\_\_\_

16. Any Other Relevant Information:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

17. Please state in what way(s) you have acted, and will continue to act, as an active champion and ambassador for the Institute if elected to Fellowship.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Nominees are expected to act as role models and mentors for others in the profession, and to promote the Institute in particular. Please indicate the ways in which you currently fulfil this requirement and would do so if elected to Fellowship.

\_\_\_\_\_

\_\_\_\_\_

19 Declaration to be completed by Nominee

\_\_\_\_\_

If elected, I agree to be bound by the Rules and Regulations of the Chartered Institute of Bankers of Nigeria, including the Code of Professional Conduct. Please answer Yes or No to the following questions.

If the answer is Yes in any case, please explain the circumstances. Failure to answer the questions honestly and disclose any relevant information may result in the withdrawal of the Fellowship awarded.

- (a) Have you ever been subject to a change of name? Yes  No

If 'yes' provide details below:

Details:

- (b) Previous Name:

- (c) Date of Change:

- (d) Reasons for Change:

- (e) Have you ever changed your permanent address during the last ten years?

Yes  No

Full Previous Permanent Address:

  

Date of Change:

## 20. OTHER DETAILS

- a. Have you ever been subject to any proceedings of a disciplinary or criminal nature, or have been notified of any impending proceedings or of any investigation, which might lead to such proceedings?

Yes  No

- b. Have you, or any business in which you have had controlling interest or have exercised significant influence, been investigated, disciplined, suspended, or reprimanded by a regulatory or professional body, a court or tribunal, whether publicly or privately?

Yes  No

- c. Have you ever been associated, in ownership or management capacity, with a company, partnership or other organization that has been refused registration, authorization, membership or a licence to conduct trade, business or profession, or has had that registration, authorization,

membership or licence revoked, withdrawn, or terminated?

Yes  No

- d. As a result of the removal of the relevant licence, registration or other authority mentioned in question (c) above, have you ever been refused the right to carry on a trade, business or profession requiring a licence, registration or other authorization

Yes  No

- e. Have you ever been subject of any justified complaint relating to regulated activities?

Yes  No

- f. Have you ever been charged or convicted of any criminal offence, particularly an offence relating to dishonesty, fraud, financial crime or other criminal acts?

Yes  No

- g. Have you ever contravened any of the requirements and standards of a regulatory body, professional body, government or its agencies?

Yes  No

- h. Have you ever been a director, partner, or otherwise involved in the management, of a business that has gone into receivership, insolvency or liquidation while you have been connected with that organization or within one year after that connection?

Yes  No

- i. Have you ever been dismissed, asked to resign, or resigned, from employment or from a position of trust, fiduciary appointment or similar because of questions about your honesty and integrity? Yes  No

- j. Have you ever been disqualified, under any legislation or regulation from acting as a director or serving in a managerial capacity?

Yes  No

- k. Have you ever been diagnosed as being mentally ill or unstable?

- l. Have you ever been disciplined by a professional, trade or regulatory body; or dismissed or requested to resign from any position or office for negligence, incompetence or mismanagement?

Yes  No

- m. Have you ever been the subject of any judgment or award that remains outstanding or was not satisfied within a reasonable period?

Yes  No

- n. Have you ever made any arrangements or composition with your creditors, filed for bankruptcy, been adjudged bankrupt, had your assets sequestered, or been involved in proceedings relating to any of these? Yes  No

- o. Have you ever been a senior officer of a company or a shareholder in a

position to exercise significant influence in the company that:

- i. has been the subject of any judgment or award that remains outstanding or was not satisfied within a reasonable period.
- ii. has made any arrangements or composition with its creditors, filed for bankruptcy, been adjudged bankrupt, had assets sequestrated, or been involved in proceedings relating to any of the foregoing?

Yes  No

- p. Do you have reasons to believe that any of your close relatives or business associates, if subject to the above tests, would have responded by a 'Yes' to any of the above questions?

Yes  No

IF THE ANSWER TO ANY OF THESE QUESTIONS IS 'YES', PLEASE PROVIDE DETAILS ON SEPARATE PAGES WITH PROPER REFERENCING.

## 21. SIGNATURE AND ACKNOWLEDGEMENT

I hereby certify that:

- (a) To the best of my knowledge and belief the statement made and the information supplied in this questionnaire and the attachments are correct and that there are no other facts that are relevant to the Board of Fellows/Practice Licence;
- (b) I understand that the Board of Fellows/Practice Licence may seek additional information from any third parties it deems necessary in view of assessing my fitness and propriety; and
- (c) I will bring to the attention of the Board of Fellows/Practice Licence any matter which may potentially affect my status as being someone fit and proper as and when it crops up.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

- (d) I enclose herewith N .....Being my annual/balance subscription for the following year (s)



(e) Proposer and Seconder Attestation.

	NAME	MEMB. NO	ORGANISATION	POSITION	SIGNATURE/ PHONE NO.	DATE
PROPOSER						
SECONDER						

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

(f) Current Branch Chairman's comment on item 15

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(g) Branch Chairman's Recommendation (Y/N): \_\_\_\_\_

Branch's Name: \_\_\_\_\_

Branch Chairman's Name: \_\_\_\_\_

Signature of Branch Chairman \_\_\_\_\_

Date (DD/MM/YYYY)

