



# INSTITUTE OF ISLAMIC FINANCE PROFESSIONALS(IIFP)

**Motto:** Professionalism, Ethics and Integrity Rc1208865

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APPLICATION FOR ASSOCIATE MEMBER OF THE INSTITUTE

IIFP DIRECT MEMBERSHIP OFFER

(THIS FORM SHOULD BE FILLED IN BLOCK LETTERS)

## A PERSONAL DETAILS

1. NAMES (SURNAME FIRST).....
2. DATE OF BIRTH.....
3. NATIONALITY.....
4. NAME, ADDRESS OF INSTITUTION AND COURSE OF STUDY:  
I.....  
ii.....  
iii.....
5. RESIDENTIAL ADDRESS.....  
.....
6. TELEPHONE NUMBERS.....
7. EMAIL ADDRESS.....

## B DETAILS OF ACADEMIC QUALIFICATIONS/BACKGROUNDS

(Applicant is to attach scanned softcopy of the appropriate certificate s/degrees and send to the institute Registrar along with the filled form)

INSTITUTION	CERTIFICATE/DEGREE	PROGRAMME	PERIOD (FROM – TO)
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5. ....	.....	.....	.....

## C WORK EXPERIENCE

ORGANISATION	POSITION	DEPARTMENT	PERIOD (FROM – TO)
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5. ....	.....	.....	.....

**D DECLARATION**

(Applicant with SSCE O'Level result must have minimum credit pass in Mathematics and English with three (3) other relevant subjects.

I, ..... HEREBY DECLARE THAT THE  
INFORMATION PROVIDED IN THE FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.  
I AGREE TO BE BOUND BY THE INSTITUTE RULES AND REGULATIONS AND TO ALSO  
FULFIL MY OBLIGATIONS AS REQUIRED OF ME.  
APPLICANT'S SIGNATURE AND DATE .....

**E PAYMENT OPTION**

- 1. BANK DRAFT  
Teller No.....
- 2. ONLINE TRANSFER  
Transfer Code.....

**F FOR OFFICIAL USE**

- 1. FORM RECEIVED BY (OFFICER).....
- 2. DATE, TIME AND OFFICE (LOCATION).....
- 3. PAYMENT RECEIPT NO.....
- 4. REGISTRATION NO.....
- 5. GOVERNING COUNCIL APPROVAL DATE.....
- 6. REMARKS.....