



RC: 8941398

INSTITUTE OF PROFESSIONAL RISK AND INVESTMENT MANAGERS OF NIGERIA (IPRIMN)

Motto: Professionalism in Risk and Investment Management

PROFESSIONAL MEMBERSHIP APPLICATION FORM

(This form must be accompanied by an application fee of N10,000 payable into the Institute's UBA Account:

NAIRA ACCOUNT (N)

Bank: United Bank for Africa (UBA) Plc
Account Number: 1028907515
Account Name: IPRIMN

DOLLAR ACCOUNT (\$)

Bank: United Bank for Africa (UBA) Plc
Account Number: 3004983450
Account Name: IPRIMN

Affix One
Passport Photograph

SECTION 1: PERSONAL INFORMATION

Title: Prof. ☐ Dr. ☐ Chief ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other (specify) _____

Gender: Male ☐ Female ☐

Surname

First Name

Middle Name

Full Name (As you would like it to appear on your Professional Membership Certificate. Please note that in line with global best practices your title will not be captured on the Certificate)

Date of Birth: _____ Nationality: _____

Home/Office Address: _____

Mobile No (WhatsApp): _____ Email: _____

SECTION 2: EDUCATIONAL QUALIFICATIONS (BEGINNING WITH THE HIGHEST QUALIFICATION)

NAME OF EDUCATIONAL INSTITUTIONS	QUALIFICATION OBTAINED	YEAR OF GRADUATION

SECTION 3: PROFESSIONAL QUALIFICATIONS

NAME OF PROFESSIONAL BODIES (E.g. ICAN, ANAN, CIBN, CIS, IBDFM, etc.)	MEMBERSHIP GRADE	YEAR OF CERTIFICATION

SECTION 4: EMPLOYMENT/CAREER HISTORY

NAME OF EMPLOYER/ORGANISATION	POSITION HELD	DATE (FROM – TO)

SECTION 5: MEMBERSHIP GRADE BEING SOUGHT FOR

ASSOCIATE

FULL MEMBER

FELLOW

SECTION 6: DECLARATION

I hereby declare that all the information supplied in support of my application and the documents submitted are true and accurate to the best of my knowledge. I also understand that the decision of the Professional Membership Assessment Committee (PMAC) of the Institute as to my final grade of membership will be considered as final. I agree to adhere strictly to the IPRIMN’s Charter and Bye-laws and to observe the provision of the Code of Professional Standards as prescribed by the Governing Council of the Institute.

Signature

Date

SECTION 7: FOR OFFICIAL USE ONLY

Application Received By:

Membership Grade Approved:

Membership Number:

Official’s Signature and Date:

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