



CHARTERED INSTITUTE OF INFORMATION AND STRATEGY MANAGEMENT

(Established by Act of Parliament Bill No. HB 915)

AFFIX TWO (2)
RECENT
PHOTOGRAPHS

THE FORM MUST BE ACCOMPANIED BY AN APPLICANT FEE OF N5,000 PAYABLE TO CIISM,
A/C NO: 0060944747 UNION BANK, ACCESS BANK A/C NO. 0103366745 OR CO-ORDINATOR

APPLICATION FORM

1. PERSONAL DATA

Surname	First Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Mr. Mrs., Miss., Dr. etc)	Date of Birth (Date/Month/Year)	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name & Address	Address of Correspondence	
<input type="text"/>	<input type="text"/>	
Telephone Number (s)	E-mail Address	
<input type="text"/>	<input type="text"/>	
Job Title	<input type="text"/>	

2. EDUCATIONAL QUALIFICATIONS

(Please attach all relevant documents, CV Academics and Professional Certificates)

School Attended with Dates

	University/Polytechnic/College	Degree/Diploma, Certificate Obtained (Quote Discipline)	Year Attained
(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iv)	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. PROFESSIONAL QUALIFICATIONS: (e.g ACA, ACIB, ACIA, NIM etc)

(Please attach all relevant documents, CV Academics and Professional Certificates)

	Names of Professional Bodies	Membership Status	Year of Admission
(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. EMPLOYMENT DETAILS

(A). CURRENT EMPLOYMENT INFORMATION:

NAME OF ORGANISATION: _____

SECTOR: _____

ADDRESS OF ORGANISATION: _____

NATURE OF BUSINESS: _____

POSITION AT EMPLOYMENT: _____

CURRENT POSITION: _____

HEADQUARTERS: Plot 2 Behind JAMB CBT Kogo Bwari, Abuja.

ADMINISTRATIVE OFFICE: No. 6 Park Road PZ by Immaculate Hotel Zaria, Kaduna State.

08036813755, 08030662934, 08145080013 ✉ ciism@yahoo.com / ciismnigeria@gmail.com 🌐 www.ciism.com

5. RECOMMENDATION

REFEREE

I CERTIFY THAT THE APPLICANT IS A WELL KNOWN PERSON TO ME.

FULL NAMES OF REFEREE: _____

ADDRESS OF REFEREE: _____

PERIOD OF KNOWING THE APPLICANT _____

TELEPHONE NO: _____

SIGNATURE OF REFEREE: _____

6. CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE, I HEREBY UNDERTAKE TO OBSERVE AND BE BOUND BY THE PROVISIONS OF THE ARTICLES AND RULES OF THE INSTITUTE OF ORGANIZATIONAL & ADMINISTRATIVE RISK MANAGEMENT

DATE OF APPLICATION.....

SIGNATURE.....

FOR OFFICIAL USE

GCISM **ACISM** **MCISM** **SCISM** **FCISM** **DCFISM**

DATE OF SUBMISSION OF FORM: _____

NAME OF RECEIVING/VERIFYING OFFICER: _____

IS CANDIDATE QUALIFIED? YES NO

IF NO, STATE REASON(S) _____

SIGNATURE: _____ DATE _____