



CHARTERED INSTITUTE OF INFORMATION AND STRATEGY MANAGEMENT

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

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

AFFIX TWO (2) RECENT PHOTOGRAPHS

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 Emaculate Hotel Zaria, Kaduna State.

09026913755 09020662024 08145090013 ciism@unbea.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	<input type="checkbox"/>	ACISM	<input type="checkbox"/>	MCISM	<input type="checkbox"/>	SCISM	<input type="checkbox"/>	FCISM	<input type="checkbox"/>	DCFISM	<input type="checkbox"/>
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DATE OF SUBMISSION OF FORM: _____

NAME OF RECEIVING/VERIFYING OFFICER: _____

IS CANDIDATE QUALIFIED? YES NO

IF NO, STATE REASON(S) _____

SIGNATURE: _____ DATE _____