

# INSTITUTE OF FORENSIC ACCOUNTANTS



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## **Application for Membership**

**I wish to apply for (Please tick the appropriate):**

**Appropriate fee:**

Attach Two  
Passport  
Photograph

1. **Associate Membership (CFA)**  **N150,000:00**
2. **Fellow Membership (FFA)**  **N350,000:00**

### **Personal Details**

**Title (Mr/Mrs/Miss/other): Surname**-----

**First Name**-----**Middle Name**-----

**Postal Address**-----

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**Office Address**-----

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**Date of Birth**-----**Marital Status**-----

**Nationality**-----**Phone**-----

**WhatsApp Number**-----**E-mail:** -----

**Academic Qualifications**-----

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**Professional Qualifications**-----

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**Present Job Position**-----

Full name and address of present employer-----  
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**Signature of Applicant**

**I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct. I agree that all fees paid are non refundable.**

**Signature: ----- Date: -----**

**\*INSTRUCTIONS TO NIGERIAN APPLICANTS**

***1.Fees are payable into the institute bank account number 0013525018 at Access Bank Plc***

***2. Scan your completed form with the originals of your credentials to [ifa.nig@gmail.com](mailto:ifa.nig@gmail.com) and sent the hard copies of your form to the institute by courier service***

**3. Attach your current C.V to this application form**

Total Amount Paid-----

Approved By-----

Signature of Approval-----