

INSTITUTE OF FORENSIC ACCOUNTANTS



CICMA House 7 Kachia Road, Kaduna South
Kaduna, Nigeria

www.ifa.org.ng ifa.nig@gmail.com

+234 8032534636

Application for Membership

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

Attach Two
Passport
Photograph

Appropriate fee:

1. **Associate Membership (CFA)** **\$350:00**
2. **Fellow Membership (FFA)** **\$850:00**

Personal Details

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

Name-----Middle Name-----

Postal Address-----

-----**Post Code**-----

Office Address-----

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

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

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

Academic Qualifications-----

Professional Qualifications-----

Present Job Position-----

Full name and address of present employer-----

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 OVERSEAS APPLICANTS**

1. Pay the membership fees by online funds transfer to the institute bank account using these details:

- 1. Name of Bank: Zenith Bank Plc,
7 Kachia Road, Kaduna South, Kaduna, Nigeria**

- 2. Account Name: Institute of Cost and Management Accountants.**
- 3. Account Number: 5072884866**
- 4. Swift Code: ZEIBNGLA**

2. Attach your current C.V to this application form

3. Scan your application form with the originals of your credentials to ifa.nig@gmail.com

Total Amount Paid: \$ _____

Approved by-----

Approval Signature-----