



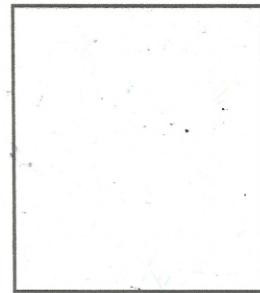
CHARTERED INSTITUTE OF LOAN & RISK MANAGEMENT OF NIGERIA

(Established by Act of Parliament Bill No:SB 220 Vol.9 of Nov.,2012)



IN PARTNERSHIP WITH NYSC

YOUTH CORP MEMBERS APPLICATION FORM



(This form must be accompanied by an application fee of N2,500 payable by Cash or Lodgement into inst. UBA A/C: 1015651975 or EcoBank A/C: 5102029310)

Section 1 General Information

Surname

First Name

Other Names

Title [Mr, Mrs., Miss., Dr, etc]

Date of Birth [Date/Month/Year]

Nationality

Company Name & Address

Address of correspondence

Telephone Number(s)

E-mail Address

Section 2 Academic & Professional Qualifications

In support of your application please submit a copy of your CV, Academics and Professional Certificates and 2 Passport Photograph. **DO NOT ENCLOSE ORIGINAL DOCUMENTS.**

Academics Qualifications: Indicate your academics Qualifications, starting with the highest.

Name of Institute

Certificate/degree attained (Quote discipline)

Year attained

Professional Qualification (e.g. ACA, ACIB, ACILL, All, AIPM. etc)

Name of Institute/Examining Body

Qualification obtained

Year attained

....Passion for Capacity Building and Development

Section 3 Referee

Please give the name of ONE. Your referee must be someone who has knowledge about your Academics and should not be related to you.

Name of Referee (e.g HOD or A Senior Lecturer)

Address [Including telephone & e-mail address]

Section 4 : Declaration

Have you been convicted for any criminal offence? Yes No

Have you been dismissed from any organisation? Yes No

I declare that the information given is correct to the best of my knowledge. I agree to be bound by the rules and Regulations of the Chartered Institute of Loan & Risk Management of Nigeria.

Applicant's Signature and Date:

For Official Use

Date Received:

Registration Number:

Payment Receipt No

Name & Signature of Officer:

Official Remarks

Locations

National Secretariat

Chartered Institute of Loan & Risk Management of Nigeria

190 / 192, Ikorodu Rd, By First Bank Pic, Palmgrove, Lagos, Nigeria | Tel: + 234-01-8511037, 08033762820 | E-mail: registrar.cilrm@yahoo.com

Abuja Zonal Office:

Ide Plaza, 2nd Floor Suite C53, Opp.
Mountain of Fire church, Utako.
Tel: 08108899787

Bauchi Chapter Office:

Giwo House, 6, Ahmadu
Bello way, P.O Box 1322, Bauchi.
Tel: 08062068386, 08033573481

Kaduna Chapter Office:

36, Ali Akilu Road, UNG. SHANU
B/stop, Kaduna.
Tel: 08036489021, 08029883616
08053681973, 08038839405