



# CHARTERED INSTITUTE OF LOAN & RISK MANAGEMENT OF NIGERIA

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

## STUDENT MEMBERSHIP APPLICATION FORM

(This form must be accompanied by an application fee of N3,000 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., etc]

Date of Birth [Date/Month/Year]

Nationality

Name & Address of the of Higher Institution

Address of correspondence

Telephone Number(s)

E-mail Address

### Section 2: Academic Qualifications

In support of your application, please submit a copy of your CV, Admission Letter, SSCE and 2 Passport Photograph. **DO NOT ENCLOSE ORIGINAL DOCUMENTS.**

Name of Institute


Certificate/degree attained (Quote discipline)


Year attained


Professional Qualification ( If you are a student Member of any Professional body)

Name of Institute/Examining Body


Qualification obtained


Year attained


....Passion for Capacity Building and Development



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, Ikoro Rd, By First Bank Plc, 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