



CIIA[®] Final Examination

Application for CIIA Student Registration Form



Please read the “ACIIA/CIS CIIA FINAL EXAMINATION CANDIDATE HANDBOOK” (the “Handbook”) carefully before completing this form. Please complete legibly the relevant parts in **BLOCK LETTERS** and in **BLACK** or **BLUE INK**.
 All Information provided in this form will be used by the CIS for purposes relating to the performance of CIS and ACIIA’s administration functions, including the administration of their courses/examinations. The provision of personal data by means of this form is voluntary.

FOR OFFICE USE ONLY

Receipt No. : _____

Candidate No. : _____

Date of Admission _____

Signature & Date _____

Please refer to section VI “Entry Requirements” of the Handbook before completing this form. Please select **ONLY** one of the routes below for registration as a CIIA Registered Candidate (“CIIA Candidate”) by putting a “✓” in the appropriate “□”.

1. **The CIS Route (Please complete Parts 1,2, 4 and 5)**
 - I am a Graduate Member. I have completed all Levels of CIS Professional Examination Programme.
(Date of completion [mm/yyyy]: _____) (CIS Registration No _____)
 - I am currently an Associate (ACS) / Fellow (FCS) of the CIS (Membership No _____)
2. **The Experienced Qualified Candidate (EQC) Route (Where an applicant is not a CIS Registered Student, he must register as a CIS Student before his CIIA Student Registration Application can be approved)**
 - I am currently a student member of CIS ((Please complete Parts 1, 2, 4 and 5) (CIS Student Registration No _____)
 - I am not yet a CIS Registered Student (Please complete Parts 1 to 5). I wish to submit the education/professional/employment qualifications listed in Part 2 below for the purposes of registration. I understand that I need to register as a CIS student before my application is considered.

PART 1: Personal Particulars (* Please delete where inappropriate.)

CIS Membership No.		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Surname		Former Surname	
Other Name(s)		Other Former Name(s)	
Sex		Marital Status	
Nationality		Place of Birth	
Passport No./Other means of ID		Email Address	
Date of Birth (dd / mm / yyyy)	/ /	Daytime Contact Tel No.	
Home Tel. No.		Mobile Phone	
Home Address			
Company Address			

Please send all correspondence to my: Home Address Company Address

PART 2: Education / Professional Qualification / Employment

Education (Please give details of your *tertiary* education or above only. Please attach copies of certificate(s) and official transcripts, syllabuses or accompanying papers, or other supporting documents.)

College or University Attended with dates	Qualification(s) Obtained (Higher Diploma, Degree, Master, etc. In the case of a degree/HND, please specify classification and field of study.)	Date of Award (mm/yyyy)

Professional Qualification (Please attach copies of certificate(s), or other supporting documents.)

Awarding Body	Qualification(s) Obtained (Certificate, Diploma, Designation, etc.)	Date of Award (mm/yyyy)

Employment (Please give details of your employment in the last ten years beginning with the recent employment)

Name of Employer and Nature of Business	Title of Position Held	Commencement Date (mm/yyyy)	Nature of Duties

PART 3: Referee

Please give details of one CIS Member (Associate or Fellow) who is able and willing to comment on your suitability to take the CIIA Final Examination; *preferably this person should have knowledge of your academic and/or professional qualifications or employment experience (as listed above).*

I, the undersigned member of the Institute recommend the above applicant for CIIA Student Registration and certify that to the best of my knowledge he/she is a fit and proper person for the CIIA Final examination.			
Name		Membership No	
Status (CIS Fellow/Associate)		Contact Tel. No.	
Organisation/Firm		Position	
Address			
Signature		Date	

PART 4: Payment (Candidate registration fee: N75,000 (includes cost of study pack and formulae booklets)

<input type="checkbox"/> BANK DEPOSIT SLIP Serial No: _____	Required examination fee(s) in Nigerian naira (₦) in cash and/or bank draft should be deposited into our Guaranty Trust Bank Plc account (Account No.: 203-224315-110 / Account Name: Chartered Institute of Stockbrokers). Please write your full name, "CIIA Candidate Registration" and your daytime contact telephone number on the back of the bank deposit slip.
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PART 5: Declaration

I declare that all the information given in this form is true and correct. I confirm that I have read and fully understand the "ACIIA / CIS CIIA FINAL EXAMINATION - Registration and Enrolment Guidelines". I understand that all the fees paid are non-transferable and non-refundable except for the partial refund to those applicants who are unsuccessful in registering as a CIIA Candidate. I hereby apply to register as a candidate of the CIIA Final Examination in Nigeria and undertake, if registered, that so long as I remain a Registered Candidate of the Association of Certified International Investment Analysts (ACIIA), I shall observe and abide by the CIS Act and Rules and Regulations prescribed by the CIS and the ACIIA.

Signature of Applicant _____

Date _____

Certified International Investment Analyst (CIIA) Final Examination

I. Important Dates for the CIIA Final Examination (March 2011 Intake)

Student Registration Deadline	22 July 2011 (Friday) 5:00 p.m.
Exam Enrolment Closing Date	22 July 2011 (Friday) 5:00 p.m.
Examination Date & Time	
Exam Paper 1	September 16, 2011 (Fri) 9:00 – 12:00
Exam Paper 2	September 16, 2011 (Fri) 14:00 – 17:00

II. Fees Schedule

Candidate Registration	N75,000*
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*includes cost of study pack/formulae booklets

Annual Subscription (due on January 1, payable in subsequent years after year of registration)	N15,000
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CIIA Final Examination Enrolment	Standard Closing Date
Exam Paper 1	N45,000
Exam Paper 2	N45,000

III. Enquiries

Please forward all enquiries on the CIIA Final Examination to:

Examination Hotline : (234) 1212 0431 (during office hours)

General Enquiries : (234) 1280 2180-5 (during office hours)

Fax : (234) 1280 2186

Website : www.cisnigeria.com

Email : ciia-exam@cisnigeria.com

Address : 10th Floor, Bookshop House
50/52 Broad Street
Lagos, Nigeria

Office Service Hours : Mondays to Fridays 9:00 a.m. – 5:00 p.m.
Saturdays, Sundays and Public Holidays Closed
