



# CIIA<sup>®</sup> 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 \_\_\_\_\_

