

THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

(Incorporated in 1976 and Chartered by Decree 12 of 1990, now Act No. 5 of 2007)

BANKERS HOUSE
PC 19, ADEOLA HOPEWELL STREET, P. O. BOX 72273, VICTORIA ISLAND, LAGOS, NIGERIA
TEL.: 4617924, 4610654-5; Telefax: 4618930 E-Mail:cibn@cibng.org Website:http://www.cibng.org. VAT No. LOV1000219858

MEMBERSHIP APPLICATION FORM

Personal Information						
Surname Other	Names					
Title Date of Birth (dd/mm.	/yyyy) Gender Male Female					
Contact Information						
Residential Address						
Phone (Mobile 1)	Alternate Mobile Number					
Private Email Address	Official Email Address					
Category of Registration						
Riss						
Company/Institution Information						
Name of Company/Institution Department						
Job Title Present Position						
Company/Institution Address						
How did you hear about CIBN?						
☐ Branches ☐ Zonal Offices ☐ Linkage Institutions ☐ Social Media						
☐ Others Please Specify						



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Education						
Kindly indicate your highest qualification(s) such as Ph.D, Masters, Degree, HND, OND, WAEC						
Qualificatio		:				
Discipline		:				
Institution		:				
Year Award	led	:				
Qualificatio	n	:				
Discipline		:				
Institution		:	.1611-			
Year Award	led	: /0	MATHOR			
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Paymen	t Information					
		of Eight Thousand ar	nd Six Hundred (N8,600	0.00) Naira into any of the	understated bank	
accounts:	, , , , , , , , , , , , , , , , , , ,	3 5				
	Account Name: The	Chartered Institute of E	Bankers of Nigeria			
	Bank Name	FBN Nig. Ltd.	Access Bank Plc.	GTbank Plc.	1	
	Account Number	2000607939	0019395540	0000845015	1	
	Account Name	CIBN	CIBN	CIBN		
Please Note: The completed application Form should be sent via email to members@cibng.org with the evidence of payment.						
Declara	tion					
 i. I declare that the above information is correct ii. I undertake, that if admitted as a member, I shall be bound by the rules and regulations of the Institute. iii. I accept responsibility for any error, wrong information or omission contained in this form. 						
Signature _			Date (dd/mm/yyyy)			
Thank you for taking your time to complete this application. Please be assured that your application will be processed within						
48 hours after which you will be notified on the status of your application. If you do not receive a reply from us within 48						
hours, please send an email to cibn@cibng.org or reach Williams on 08056290798 /williamsadesola@cibng.org						
Signed						
Registrar	/Chief Executive					