



# INSTITUTE OF CAPITAL MARKET REGISTRARS

48 Olonode Street. Alagomeji, Yaba

Tel: 08023072453, 08054663355

## APPLICATION FOR FELLOW

I hereby apply to be registered as Fellow Institute of Capital Market Registrars (FCMR).

1. Full Names:  
Surname: \_\_\_\_\_  
Block letters  
  
Other Names \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
  
E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. Current Employment:  
a) Name of Firm \_\_\_\_\_  
a) Nature of Business \_\_\_\_\_  
b) Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
c) Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
d) Position Held \_\_\_\_\_
4. Residential Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
6. Academic Qualification with and Dates \_\_\_\_\_  
\_\_\_\_\_

7. Institutions Attended with dates  
 a) Secondary \_\_\_\_\_  
 b) University/Polytechnic \_\_\_\_\_

8. Professional Qualifications with dates \_\_\_\_\_  
 \_\_\_\_\_

10. Career History

Date From/To	Firms name and address	Nature of Business	Position held

Specimen Signature

Specimen Signature

**Note:**

- 1) Photocopies of qualifications claimed, birth certificate and detailed curriculum vitae should be attached.
- 2) Three passport photographs with your name and signature at the back of each should also be attached.
- 3) Please ensure that all required information are given in the spaces provided.

Name and Address of Sponsor \_\_\_\_\_

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Signature of Sponsor \_\_\_\_\_

***Declaration***

I Mr./Mrs./Miss \_\_\_\_\_ hereby declare that the information given in this application form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature



***For Office Use Only***

Application

Accepted

Rejected

Reasons

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature