

**INSTITUTE OF CAPITAL MARKET  
REGISTRARS**

*48 Olonode Street, Alagomeji Yaba  
Tel: 08023072453,08054663355*

**APPLICATION FOR  
DIRECT CONVERSION  
TO ASSOCIATE**

I hereby apply to be registered as Associate Institute of Capital Market Registrars (ACMR).

1. Full Names:  
Surname: \_\_\_\_\_  
Block letters  
  
Other Names \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
  
E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. Current Employment:  
a) Name of Firm \_\_\_\_\_  
b) Nature of Business \_\_\_\_\_  
c) Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
d) Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
e) 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Name & Signature