



# **INSTITUTE OF CAPITAL MARKET REGISTRARS**

*48 Olonode Street. Alagomeji, Yaba*

*Tel: 08023072453,08054663355*

## **APPLICATION FOR STUDENT MEMBERSHIP**

I hereby apply to be registered as a Student member of Institute of Capital Market Registrars (SM).

1. Full Names:  
Surname: \_\_\_\_\_

Block letters

Other Names \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

\_\_\_\_\_

Personal E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

3. Current Employment:

a) Name of Firm \_\_\_\_\_

b) Nature of Business \_\_\_\_\_

c) Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

d) E-mail \_\_\_\_\_

e) Position Held \_\_\_\_\_

4. Residential Address \_\_\_\_\_

\_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

6. Nationality \_\_\_\_\_

7. Academic Qualification with Dates \_\_\_\_\_  
\_\_\_\_\_

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

9. Professional Qualifications with dates \_\_\_\_\_  
\_\_\_\_\_

10. Honours and Decorations \_\_\_\_\_

11. Career History

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

12. **Declaration**

- i. All candidates must notify the institute of any significant changes in the information provided in this application form which occur after the date of submission of the application and prior to receiving notification of the institute's decision thereon.
- ii. Misleading or attempting to mislead the Institute on any point will be deemed an act of misconduct and may render the candidate, if admitted, liable to disciplinary proceedings.
- iii. "I hereby apply for admission for registration as a student member of the Institute and declare that the information I have supplied, is to the best of my knowledge and belief correct. I undertake to be bound by the Institute rules and regulations in force at the time of my application and subsequent rules and regulations which may thereafter from time to time be made by Council of the Institute.

Date \_\_\_\_\_

Signature \_\_\_\_\_

12. **Referees**

We, the undersigned members of the Institute recommend the above applicant for registration as a student member of the Institute and certify that, to the best of our knowledge he/she is a fit and proper person for student membership of the Institute.

1. Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Status (Fellow/Associate): \_\_\_\_\_  
Membership Number: \_\_\_\_\_  
Date: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Status (Fellow/Associate): \_\_\_\_\_  
Membership Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please, sign within the specimen signature boxes provided below**

*Specimen Signature*

*Specimen Signature*

**NOTE:**

- 1) All questions must be answered.
- 2) Please print answers or type in block letters
- 3) A candidate must have two referees who are full members of the Institute (Fellow/Associate). The processing of application may be delayed if referee(s) have not paid their current annual subscription/dues.
- 4) Candidates seeking registration as student member will be required to pay an application fee of N6,000 in addition to the annual subscription of N5,000. Cheque should be made payable to the Institute of Capital Market Registrars. Application fee is payable at the point of collecting the application form while the subscription and development levy of N5,000 **MUST** accompany the completed form.
- 5) Photocopies of qualifications claimed, birth certificate and detailed curriculum vitae should be attached to the application form.

- 6) All documents attached in support of the application **MUST** be duly certified as true copies of the original documents by one of the referees. The referees certifying the document **MUST** quote his/her membership number immediately after his signature.
- 7) Three passport photographs with your name and signature at the back of each should also be attached.
- 8) Three self-addressed envelopes with postage stamps.
- 9) Please ensure that all required information are given in the spaces provided.

***Completed application and fees should be sent to:  
The Registrar/Chief Executive  
Institute of Capital Market Registrars (ICMR)  
48, Olonode Street, Yaba – Lagos***

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***For Office Use Only***

Application

Accepted

Rejected

Reasons

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Date

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Name & Signature