



***Affix  
1 Passport***

# **CHARTERED INSTITUTE OF FORENSIC INVESTIGATIVE PROFESSIONALS OF NIGERIA (CIFIPN)**

**Office:** Suite D61 & 62 Efab Plaza Area 11 Garki Abuja.

**Tel:** 08069168955, 07038165770, 08062759650

**Website:** [www.cifian.org](http://www.cifian.org), [www.cifipn.org](http://www.cifipn.org),

**E-mail:** [info@cifian.org](mailto:info@cifian.org), [info@cifipn.org](mailto:info@cifipn.org)

**Application Form**



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## APPLICATION PACKAGE

### SECTION A: PERSONAL DETAILS Please complete in BLOCK CAPITALS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ Previous Name: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Contact Address/Office Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GSM No: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECTION B: EDUCATION BACKGROUND Please complete in BLOCK CAPITALS

#### Academic Qualifications:

*School attended with dates/Degree obtained*

S/N	Institute	Course	Year Admitted	Year Graduated	Certificate Obtained
1.					
2.					
3.					
4.					
5.					

#### Professional Qualifications:

*Professional Bodies/Certificate obtained and dates*

S/N	Professional Body	Certificate	Date
1.			
2.			
3.			
4.			
5.			



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## SECTION C: WORK EXPERIENCE Please complete in BLOCK CAPITALS

Name of Organisation, Address and Dates/Position held:

S/N	Organisation	Job Tittle	Date	Address
1.				
2.				
3.				
4.				
5.				

## SECTION D: MEMBER Please tick box

Please kindly select the type of membership you are applying for.

Member

Associate Membership

Chartered Membership

## SECTION E: PAYMENT DETAILS Please complete in BLOCK CAPITALS

Amount: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Mode of Payment

- Cash specify teller number     Cheque specify cheque number     Bank Transfer specify confirmation number

## SECTION F: OATH Please complete in BLOCK CAPITALS

I..... hereby certify that above information are correct to the best of my knowledge.

Applicant's Signature..... Date.....

**FOR OFFICIAL USE ONLY**

Date Submitted Application: \_\_\_\_\_

Time: \_\_\_\_\_

Officer that received the Application: \_\_\_\_\_

Membership Status: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Direct Application or by 3rd Party: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_