



THE INSTITUTE FOR GOVERNANCE, RISK MANAGEMENT & COMPLIANCE (GRC) PROFESSIONALS

RC: 1153798

Membership Application Form

This form should be accompanied with evidence of payment of the appropriate application fee into our Skye Bank Account Number 1771419786.

Return Completed Application via e-mail or by hand to: **Director General**, The Institute for Governance, Risk Management & Compliance Professionals, Anon Plaza, Block A, Suite 38A, 3rd Floor, Plot 1085, Joseph Gomwalk Way, Gudu District, Apo, Abuja.



RECENT PASSPORT-SIZED PHOTOGRAPH OF THE APPLICANT TO BE AFFIXED HERE

MEMBERSHIP APPLICATION FORM

GENERAL INFORMATION

Title (Mr/Mrs/Miss/Dr/etc)	Surname	First Name	Other Names																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Date of Birth (dd/mm/yyyy)	Nationality																				
<input type="text"/>	<input type="text"/>																				
Company Name & Address		Membership Category check website for requirements (tick as appropriate)																			
<input type="text"/>		<table border="1"> <thead> <tr> <th>Category</th> <th>Amount (£)</th> <th>Tick</th> </tr> </thead> <tbody> <tr> <td>Fellow</td> <td>20,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Senior Associate</td> <td>15,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Associate</td> <td>10,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Graduate</td> <td>5,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Student</td> <td>2,000</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Category	Amount (£)	Tick	Fellow	20,000	<input type="checkbox"/>	Senior Associate	15,000	<input type="checkbox"/>	Associate	10,000	<input type="checkbox"/>	Graduate	5,000	<input type="checkbox"/>	Student	2,000	<input type="checkbox"/>	
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		Associate	10,000	<input type="checkbox"/>																	
		Graduate	5,000	<input type="checkbox"/>																	
Student	2,000	<input type="checkbox"/>																			
Job Title	Telephone Number(s)	E-mail Address																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			

ACADEMIC & PROFESSIONAL QUALIFICATIONS

Please Accompany This Application With A Copy Of Your CV, Photocopies Of Academic And Professional Certificates (**no originals**) And 2 Passport-Sized Photograph.

ACADEMIC QUALIFICATION

Name of Institution	Certificate Obtained	Year Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROFESSIONAL QUALIFICATION (e.g. ARMA,ACA,ACCA,ACIB, ACILL, CIMN,AIPM, etc)

Name of Awarding Body	Qualification Obtained	Year Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



EMPLOYMENT HISTORY

List two (2) positions you have held in your employment history, starting with the current:

Organisation	Position	Date (from – to)
Key Responsibilities		
Key Responsibilities		

REFEREE

Please note that your referee should be someone who has deep knowledge about your professional responsibilities/competence.

Name of Referee

Address of Referee

DECLARATION

Have you ever been convicted of any criminal offence? (Yes) (No)

Have you ever been dismissed from any organization? (Yes) (No)

I declare that the information contained in this application form is accurate to the best of my knowledge. I agree to be bound by the constitution and code of ethics of **IGRPC**.

Applicant’s Signature & Date

FOR OFFICIAL USE ONLY

Date Application Received

Registration Number

Payment Receipt Number

Name & Signature of Officer

Remarks