



# CHARTERED INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT

Under the Charteredship House Bill No 69, 2016

And

Approved by the Federal Ministry of Education

**International Head Office:**  
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## APPLICATION FORM FOR STUDENT & DIRECT MEMBERSHIP

Note: Please fill all in BLOCK letters.

STUDENT       DIRECT MEMBERSHIP      (Please check as appropriate)

AFFIX  
TWO  
PASSPORT

### 1. PERSONAL DATA

FULL NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ TEL: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2. EDUCATIONAL QUALIFICATIONS: (Please attach all relevant documents)

#### Schools Attended with dates

	University/Polytechnic/College	Year		Degree, Certificate Obtained
		From	To	
(i)				
(ii)				
(iii)				
(iv)				
(v)				

### 3. OTHER PROFESSIONAL QUALIFICATIONS: (Please attach all relevant documents)

	Name of Professional Body	Membership Status	Year of Admission
(i)			
(ii)			
(iii)			
(iv)			
(v)			

### 4. EMPLOYMENT DETAILS:

#### A. CURRENT EMPLOYMENT INFORMATION

NAME OF ORGANISATION: \_\_\_\_\_

SECTOR \_\_\_\_\_

ADDRESS OF ORGANISATION: \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ POSITION AT EMPLOYMENT: \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

#### B. PREVIOUS EMPLOYMENT INFORMATION (1):

NAME OF ORGANISATION: \_\_\_\_\_

SECTOR: \_\_\_\_\_

ADDRESS OF ORGANISATION: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ POSITION AT EMPLOYMENT \_\_\_\_\_

POSITION WHEN LEAVING: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**C. PREVIOUS EMPLOYMENT INFORMATION (2):**

NAME OF ORGANISATION

SECTOR:

ADDRESS OF ORGANISATION:

NATURE OF BUSINESS:

DATE OF EMPLOYMENT:

POSITION AT EMPLOYMENT

POSITION WHEN LEAVING:

REASON FOR LEAVING

*N.B: Please attach all documents to support the above employment claims and include any further relevant information regarding your previous employments other than the above.*

**5. RECOMMENDATIONS:**

*Application must provide two (2) referees of professional status and two must have known the applicant for at least one year.*

**A. REFEREE (1)**

I \_\_\_\_\_

CERTIFY THAT \_\_\_\_\_  
IS FIT AND PROPER TO BE REGISTERED AS STUDENT OR MEMBERSHIP  
PROGRAMME OF THE INSTITUTE

FULL NAME: \_\_\_\_\_

ADDRESS OF REFEREE: \_\_\_\_\_

PROFESSIONAL/OCCUPATION OF REFEREE: \_\_\_\_\_

PERIOD OF KNOWING THE APPLICANT: \_\_\_\_\_

RELATIONSHIP WITH APPLICANT: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

E-mail: \_\_\_\_\_

SIGNATURE OF REFEREE: \_\_\_\_\_ DATE \_\_\_\_\_

**6. CERTIFICATION:**

I, Mr./Mrs. ....

CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY UNDERTAKE TO OBSERVE AND BE FOUND BY THE PROVISIONS OF THE ARTICLES AND RULES OF THE INSTITUTE FOR THE TIME BEING IN FORCE.

IN SUPPORT OF MY APPLICATION, I FURNISH THE PARTICULARS ON PAGES 1, 2 AND 3. HERewith AND ENCLOSURE BEING PAYMENT FOR APPLICATION FORMS. THE PAYMENT RECEIPT NUMBER RECEIVED IS QUOTED HERE FOR YOUR REFERENCE (.....)

SIGNATURE .....

DATE.....

**FOR OFFICIAL USE ONLY**

DATE OF SUBMISSION OF FORM:

NAME OF RECEIVING/VERIFYING OFFICER

IS THE CANDIDATE QUALIFIED? YES..... NO .....

STUDENTSHIP NO ..... MEMBERSHIP NO .....

IF NO, STATE REASON(S) \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

SIGNATURE OF REGISTRAR: \_\_\_\_\_ DATE: \_\_\_\_\_

