



# CHARTERED INSTITUTE OF WAREHOUSING AND MATERIALS MANAGEMENT

(Established under the Chartered-ship House Bill No. 720, 2016)

And

Approved by the Federal Ministry of Education

## HEAD OFFICE:

No.57, Isheri Road, By County Hospital Road,

Aguda Ogba, Lagos State. Telephone:+2348025486416

Email Address: cisminfo@yahoo.com Website: www.ciwmglobal.org

### 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 \_\_\_\_\_ MARITALSTATUS\_\_\_\_\_

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 EMPLOYMMENT

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 I,  
2 AND 3. HERewith AND ENCLOSEN 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 .....

STUDENTSHIPNO ..... MEMBERSHIP NO .....

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

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

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

