



Attach 2 copies of recent passport photos.

INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS

APPLICATION FOR MEMBERSHIP FORM

THE CHAIRMAN
REGISTRATION COMMITTEE
INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS,
P.O. BOX 48250-00100
NAIROBI.

PERSONAL DETAILS

1. Surname: Mr. [] Ms [] Dr/Prof [] (Block letters)

Other Names; (Block Letters)

Preferable Postal Address;

Telephone No(s) Mobile

Email address

Current Location: Kenya [] Other []

County of Birth: Current County of Residence:

Date of Birth.

Citizenship: Kenyan [] Non Kenyan []

Which is your highest education level? Post graduate degree [] Degree [] Diploma [] KCSE []

Professional qualifications:

- a)
b)
c)

Provide a copy of National Identity card (both sides) for Kenyans or a copy of current entry permit and copies of pages 1-5 of passport for non-Kenyans.

Have you previously applied to the Institute for registration? Yes [] No []

If yes, state date(s)

2. I, the above named, hereby apply to have my name as stated above entered in the Register of Accounts.

3. I enclose a cheque/Bankers Cheque of Kshs..... (Cheques should be made payable to the Institute of Certified Investment and Financial Analysts (ICIFA). Payment may also be made to the account; NIC BANK, NIC HOUSE, A/c 1002054295 .or through our MPESA PAYBILL NO 593226. Where payment has been made through the bank or MPESA, the applicant is required to present the banking slip with his/her application)

Date

Applicants Signature

All particulars set at 4-11 must be completed and the declaration signed.

4) EDUCATIONAL BACKGROUND(FROM KCSE/ O-LEVELS)

Provide copies of all educational certificates which must be certified as true copies of the originals by an advocate of the High Court of Kenya OR present the originals and copies to ICIFA for certification.

School, University or Other Institution	From	To	Examinations Passed		
			Name of Examining Body	Class/Division attained	Degree, Diploma, Certificate awarded

5) PROFESSIONAL EXAMINATIONS

Provide copies of all parts of the (KASNEB) CIFA examination certificates. Where an applicant has not received a certificate, he/she should provide a copy of the congratulatory letter from KASNEB and all the result notification slips. Holders of foreign investment and financial analysts' qualifications will be required to submit copies of their membership certificates from their foreign institutes and a copy of the letter from KASNEB confirming that they have sat and passed the recommended local examination papers. Certification of copies may be done at the ICIFA offices (free of charge) upon presentation of the originals.

Name of Examining Body	Registration No.	Sections, Stages, Parts passed	Date passed

6) PRACTICAL TRAINING AND EXPERIENCE IN AN INVESTMENT AND FINANCIAL ANALYSIS FIELD

Provide details of professional experience/employment record during the last three (3) years starting from present appointment by way of letter(s) from the employer(s) in question. NB: The confirmation(s) should be made on official/business notepaper, should be addressed to the Chairman, Registration Committee and should specify the character and professional conduct of applicant.

Name and Address of Organization	From	To	Position Held	Nature of Training & Tasks performed or completed

7) Please indicate your current employment sector:

Public sector Private sector Commercial Sector Non-profit sector Education and Training

8) Please indicate your main area(s) of specialization

a) Private Sector

Investment Finance Financial Consultancy Securities & Derivatives Trading

Public Sector Finance Securities Trading Asset Management Derivatives Trading Pensions and Mutual Funds Stock Brokerage services Research & Training Other service industry

b) Public Sector Finance: Central Government County Government State Corporation Co-operative

9) Have you ever been convicted on any criminal offence in a court of law? If yes give details.

- a) Offence for which convicted-----
- b) Date and place of conviction-----
- c) Sentence imposed-----

10) Details on contact person (*Contact person may be a spouse, a friend or any other relative who can be contacted on your behalf or who can easily trace you when you are out of reach. You are required to put his/her postal and electronic addresses as well as their telephone contacts.*)

Name -----

Address-----

Telephone-----

Email-----

Declaration:

I hereby declare that the foregoing statements are true in every respect and that none of the disqualifications listed in section 26 (1) of the Act, apply to me. I acknowledge that any statement contained anywhere in this application which is known by me to be false shall invalidate this application and any decision reached thereon by the Institute. I have read the Investment and Financial Analysts Act No. 13 of 2015. I am aware of the penalties and any amendments thereto as long as my name remains in the Register. I have also read the Institutes code of Conduct, bylaws and solemnly agree to abide by them.

Date-----

Applicants Signature-----

Applications for membership will be received at the ICIFA Secretariat offices at KASNEB TOWERS subject to compliance with all the requirements outlined above

FOR OFFICIAL USE ONLY

File No. -----

Date received-----

Receipt No. -----

Date-----

Approved/Rejected Minute No-----

Deferred Minute No-----

Date Notification sent-----

Registration No-----

Registration Committee Chairman Signature-----