



**THE INVESTMENT AND FINANCIAL ANALYSTS ACT
No. 13 of 2015**

**INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS
TRANSITION FROM ASSOCIATE TO FULL MEMBERSHIP APPLICATION FORM**

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

SECTION A

1. Surname (Mr. Ms Dr Prof.) -----
2. Other Names-----
3. Registration Number-----Date of Registration-----
4. Kindly Indicate Reasons to Transition from Associate to Full Member
 - a. -----
 - b. -----
 - c. -----
5. I enclose a Cheque/Bankers Cheque of Ksh----- in payment of application fees which I understand is not refundable. *(Cheques payable to the Institute of Certified Investment and Financial Analysts (ICIFA). Payment may also be made to the following account; NCBA Bank, NCBA house, Ac 1002054295 or through our MPESA PAY BILL 593226. Where a payment has been made through the bank or MPESA, the applicant is required to present the banking slip with his or her application)*

SECTION B

6. Work Experience (Use additional sheet of paper where necessary)

Organization	From	To	Position Held	Description of responsibilities

- *Attach updated CV*
- *Attach updated certified copies of professional certificates*
- *Provide a letter from employer confirming the years of experience*
- *Other work experience gained since registration as an Associate member of the Institute*

7. I, -----hereby apply to transition from an Associate Member to a Full Member.

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, Continuous Professional Development Policy Framework, bylaws and any other professional pronouncements that are in force or may be introduced in the future and solemnly agree to abide by them.

Date-----Applicants Signature-----

Requirements for Transition from Associate to Full Member:

1. Applicant must be an Associate Member of the Institute.
2. Applicant must be a CIFA/CFA graduate.
3. Applicant must have at least 3 years of relevant experience.
4. A duly filled ICIFA transition from Associate to Full Membership Form.
5. Membership subscription must be up to date.
6. Applicant must be a member of the Institute in good standing.
7. Applicant must not have been subject to any disciplinary action or pending disciplinary case by the Institute.
8. Payment of the prescribed fee payable to the Institute of Certified Investment and Financial Analysts.

NB: Once an application to transition from an associate to full member has been approved by the Registration Committee, the Member is issued with a membership Certificate

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-----	