



**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 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 880100. Where payment has been made through the  
bank or MPESA, the applicant is required to present the banking slip  
with his/her application)***

## **SECTION B**

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

<b>Organization</b>	<b>From</b>	<b>To</b>	<b>Position Held</b>	<b>Description of responsibilities</b>

- ☐ ***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.

## **CONSENT**

I consent to the collection, use, and storage of my personal data by the Institute of Certified Investment and Financial Analysts in accordance with the applicable data protection laws and regulations in Kenya.

I further consent to the use of my information for purposes related to registration, professional communication, compliance, and continuous professional development. I understand that my data may be shared with third parties only where required by law or regulation.

☐ I have read and understood the above and give my informed consent.

☐ I do not give my consent

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-----  
I understand that by submitting this form,