



Institute of Financial Consultants

Application for Admission

Please type or print clearly : This application cannot be processed unless copies of Degree/ professional qualification certificates are enclosed

1 Personal Details

Title

Surname

Forename

Home Address

Telephone (Home)

Fax/email

Date of Birth

Nationality

Company & Business Address

Telephone (Work)

Fax/email

Mobile

Address for correspondence Home Work

Name to appear on Certificate

2 Academic Details

Qualifications obtained. Please list all of your academic and professional qualification, giving title, year and place of study

Year

Place of Study

3 Career Details

Present Company/Organization

Please enclose a typed curriculum vitae or resume describing your current and previous appointments

Name

Date Joined

Division

Public/Private (delete as appropriate)

If a subsidiary, name of parent company

Please indicate which description best fits your company's business

Manufacturer/Importer

Public Sector

Retailer/Wholesaler

Consumer Durables – Manufacturer/Importer

Business Industrial Distribution

Consumer Durables – Retailer/Wholesaler

Business/Industrial/Product Manufacturing

Business/Industrial Services

Publishing

Financial Consultancy

Financial Education

Non-Profit Making

Consumer Services

Your Current Appointment

Job Title

Date Joined

Director/Middle Manager

Senior Manager

Junior Manager

Other (Please specify)

Are you self-employed?

Yes

No

The enclosure of a typed job description and an organization chart which clearly indicates your position within your company will help us to assess your practical experience.

4 References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

The referee must be a director or senior officer of your company or organization. If you are self-employed, or head of your organization, the referee may be a previous employer or professional advisor.

I have known the applicant for _____ years and support his/her application for membership. To the best of my knowledge, the details of his/her application are correct.

Name (Capital)

Job Title

Company

Signature

5 Signature

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If elected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct.

Signature

Date

PLEASE REMEMBER to include copies of degree/professional qualification certificates.

To include your current job description and curriculum vitae, both of which should fully describe the financial resource management content of your present and previous appointments. To provide a referee who can verify that the information supplied is correct.



Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership in the Institute of Financial Consultants to lapse, I understand and agree that my IFC Status will be revoked and my membership terminated. I affirm that all the information that I have provided to IFC is true, correct, and complete and I agree to hold harmless and Indemnify the IFC and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

Membership of IFC does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities or expertise. Institute of Financial Consultant does not endorse, guarantee or warrant the credentials, work or opinions of any individual member.

Signature

Date