

Work Experience

Organization

Name _____

Date joined _____

Division _____

Public/Private

If a subsidiary, name of

Parent company _____

Nature of Company's Business _____

SIC Code _____

Please indicate which description best fits your company's business

Associate Chartered Financial Manager ACFM

Fellow Chartered Financial Manager FCFM

References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

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 applications are correct.

Name

(CAPITALS) _____ JOB TITLE

C O M P A N Y (CAPITALS) _____ SIGNATURE

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Institute's Charter and Bye-laws and do hereby confirm that the information provided are true.

Applicant's Signature & Date

Signature _____ DATE

Chartered Institute of Professional financial Managers, USA

FOR OFFICIAL USE ONLY

Date Received _____

Date Processed _____

Date Forwarded to CIPFM _____

Processed by _____

Sign. _____