



COMPUTER FORENSICS INSTITUTE NIGERIA (CFIN)

CORPORATE APPLICATION FORM

www.cfinonline.org

REFERENCE NO.

DATE OF PURCHASE:

RECEIPT NO.:

We hereby apply for membership of the Computer Forensics Institute Nigeria (CFIN) and hereby confirm that the information provided below are truthful. We hereby agree that any false information found on this application may result in the delisting of your firm from the Register of CFIN.

*Passport
Photograph
of CEO*

NAME & TITLE

SIGNATURE/DATE

CHAPTER: _____

NAME OF ORGANISATION :

BUSINESS ADDRESS:

.....

CITY:

STATE:

PHONE NOS:

FAX:

EMAIL:

WEBSITE:

NATURE OF BUSINESS:

MEMBER OF PROFESSIONAL BODY:

PROFESSIONAL ORGANISATION	GRADE	MEMBERSHIP NO.	DATE ADMITTED

ATTESTATION BY CHARTERED MEMBERS OF CFIN IN THE ORGANISATION

S/N	NAME OF MEMBER	MEMBERSHIP GRADE	MEMBERSHIP NO.
1.			
2.			

NAMES OF KEY OFFICERS OF THE COMPANY

S/N	NAME	TITLE	PHONE	E-MAIL
1.				
2.				
3.				
4.				
5.				

SPONSORSHIP

We/I hereby recommend the applicant as being suitable for the admission to the grade for which he/she is applying. We agree to supply further information under confidential cover in support of his/her application.

S/N	NAME	MEMBER-SHIP NO.	GRADE	SIGNATURE	DATE
1.					
2.					

We hereby apply for admission to the Computer Forensics Institute of Nigeria (CFIN). If admitted, we undertake to abide by the rules, ethics and the code of conduct of the Institute.

Authorised Signatory: _____ Date _____

APPLICATION PROCESSING FEES:

Applicants should pay the sum of N5,000.00 (five thousand Naira) as processing fee in favour of the Computer Forensics Institute of Nigeria (CFIN).

Payment should be made by or direct payment into the following bank account:

Account Name: **Computer Forensics Institute Nigeria (CFIN)**
Bank/Branch: **Intercontinental Bank Plc, Iju Branch**
Current Account No.: **0239-11800-0000045**
Depositors name: **This equals the Applicant's name; and**
Depositor's Phone No: **Applicant's Phone number**

and send copy of the bank teller to the National Secretariat or send an email containing the bank teller information to membership@cfionline.org for issuance of official receipt.

DOCUMENTS TO ATTACH TO APPLICATION FORM:

Completed application forms should be returned to the National Secretariat of CFIN with the following:

- Curriculum Vitae of CEO
- Two recent passport photographs of the CEO.
- Photocopies of CEO's credentials
- Photocopy of NYSC discharge certificate or exemption certificate (if applicable)
- 3 self addressed envelopes with appropriate stamps (not required if using email)
- Photocopy of receipt issued for purchase of the application form or that of bank teller.
- Two letters of professional reference.

Note: b, c & d are to be endorsed by chartered members who are recommending or sponsoring the candidate. Where there is no chartered member in your area, please contact the National Secretariat on 01-775-5707 or CFIN office nearest to you for advice.

FOR OFFICIAL USE ONLY

Date Received

Date acknowledgment sent

Membership Cadre

Date:

Recommended by.....

Name

Signature.....

Date.....

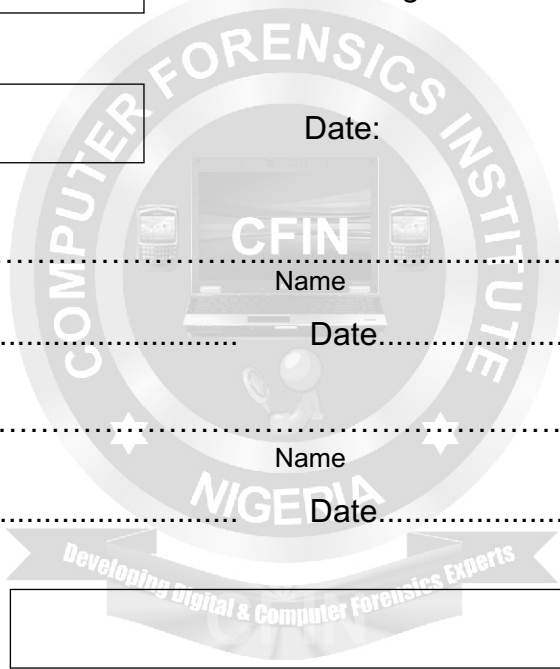
Approved by

Name

Signature.....

Date.....

Membership Number Allocated:



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