

# Student member registration form



Please read carefully before registering. If you do not complete all sections, it may delay your application.

If you have any queries about completing this form please contact Student Recruitment on +234 (1)2700054, 803-306-0552, or email [info@ifpng.com](mailto:info@ifpng.com) or access our website at [www.ifpng.com](http://www.ifpng.com)

To register online visit: [www.ifpng.com](http://www.ifpng.com)

Attach  
pix

Please complete all sections in BLOCK CAPITALS throughout – all sections are mandatory.

Preferred  
course

For which IFP course(s) are you registering (please tick appropriate box(es))

**Foundation Certificate in Financial Planning (CFP) \***

On site  Self Study Distance Learning Component

**Advanced Certificate in Financial Planning \***

Certified Wealth Advisor

Certified Retirement Planning Advisor

Certified Estate Planning Advisor

Have you previously been registered with the IFP?

Yes  No

If yes, please state your student Registration number

When do you plan to take your first exam? March  June  September  December

Personal  
details

Title Mr  Mrs  Ms  Miss  Other

Sex Male  Female  Status

Surname

First names(s)

Home Address

Postal Address  Nationality

Daytime Tel No.  Mobile No.

Email

Date of birth Day  Month  Year

Please inform us immediately if you change your details

**Your education**

(Name of Institution / Year)

Master(s)/ Phd	<input type="checkbox"/>	<input type="text"/>
Degree *	<input type="checkbox"/>	<input type="text"/>
Higher National Diploma *	<input type="checkbox"/>	<input type="text"/>

**Note: HND is the Minimum Qualification**

**Your employment details**

As your professional body we work with employers to ensure you get the career opportunities you deserve. The information you provide will be used for statistical analysis and to improve our services to employers. We will not release this information to any third parties without your permission, unless it is legal duty to do so.

Are you in employment Yes  No

If you are currently employed, is your job financially related Yes  No

Organisation name

Address

Postal Address  Country

Your job title

Your department

Direct Tel no.

Support from your employer can improve your chances of successfully getting the most out of your course. Support can be financial in nature, study leave for revision/exams, providing a mentor, etc.

Does your employer support you in your studies? Yes  No

From time to time, we may contact your training manager about your progress and IFP training issues. Do you want your training manager to know that you are studying for CFP?

If yes, please provide details of your training manager / supervisor below

Title Mr  Mrs  Ms  Miss  Other

Surname

Address

First names(s)

Job Title

Department

Direct Tel no.

Email

Address

(if different from your employment address)

Postal Address  Country

**Please inform us immediately if you change your details**

**Fees**

Course	Fee Payable	Jan 2009
Cert. in Financial Planning	Registration fee	N5,000
	Course fee	N125,000
	Total fees payable	N130,000

Course	Fee Payable	May 2009
Adv. Cert. in Financial Planning	Registration fee	N5,000
	Course fee	N245,000
	Total fees payable	N250,000

Payment Mode: visit our website ([www.ifpng.com](http://www.ifpng.com)) and pay online

- We are unable to refund fees after registration

**How you heard about the IFP**

How did you first hear about the IFP? Please tick

From an advertisement in the print media	<input type="checkbox"/>	From our workshops	<input type="checkbox"/>
From a career office	<input type="checkbox"/>	From an Information flyer/brochure	<input type="checkbox"/>
From a friend / family	<input type="checkbox"/>		
Via the internet	<input type="checkbox"/>		
From a line manager/personnel/colleague	<input type="checkbox"/>		

**Next of Kin**

Title      Mr       Mrs       Ms       Miss       Other

Surname

First names(s)

Home Address

Email

Postal Address       Country

Daytime Tel No.       Mobile No.

Relationship       Occupation

**Need help Registering?**

If you have any queries about completing this form please contact us on +234 (1)2700054, 2700055, 803-306-0552 email: [info@ifpng.com](mailto:info@ifpng.com) or access our website at [www.ifpng.com](http://www.ifpng.com)  
 Please scan and send your completed form with your copies of credentials to: [learning@ifpng.com](mailto:learning@ifpng.com)  
 Or  
 10A, Anifowoshe street, off Kofo Abayomi street, Victoria Island, Lagos Or  
 P.O.Box 73504, Victoria Island,  
 Lagos - Nigeria