

FINANCIAL MARKETS DEALERS ASSOCIATION Plot 1398B, Tiamiyu Savage Street, Victoria Island, Lagos

Plot 1398B, Tiamiyu Savage Street, Victoria Island, Lagos TEL: 01 – 2700427-9, 2701282. E-MAIL: mmanhq@fmda.com.ng Website: www.fmda.com.ng

MEMBERSHIP REGISTRATION FORM

PASSPORT

[FOR INDIVIDUAL MEMBERSHIP (
NAME[SURNAME FIRST]:							
ADDRESS[CORRESPONDENCE]:							
YEARS OF WORK EXPERIENCE [POST	Γ NYSC]						
YEARS OF TREASURY EXPERIENCE	YEARS OF TREASURY EXPERIENCE.						
OFFICE NUMBER:	OFFICE NUMBER: MOBILE NO.						
EMAIL:	MAIL:						
ACADEMIC QUALIFICATIONS:							
Name of Institution	Certificate/Degree Attained	Year Attained					
(In support of your registration, please submit a copy of your CV along with copies of your academic and professional certificates with this form.) PROFESSION[e.g. Banking & Finance, Law, Engineering, Insurance, etc]							
TREASURY CERTIFICATION(S)[e.g. TDC, TMC, ACI, etc]							
NONE []	EXEMPTED [] (Please attach Exem	ption Certificate)					
OTHER PROFESSIONAL QUALIFICATION(S)[e.g. CFA, ACA, ACIB,MCIPM, MNSE, etc]							
NONE []							
Name of Institution/Examining Body	Qualification Attained	Year Attained					

EMPLOYMENT HISTORY

1					
Name of Organisa	tion	Position Hel	d	Date [from - to	1
Main Responsibilit	ties				
2					
Name of Organisa	tion	Position Hel	d	Date [from - to	1
					,
Main Responsibili	ties				
2					
Name of Organisa	tion	Position Hel	d	Date [from - to	1
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Main Responsibili	ties			VIII III III III III III III III III II	
4					
Name of Organisa	tion	Position Hel	d	Date [from - to]
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Main Responsibilit	ties				
DECLARATION I declare that the information provided are to the best of my knowledge true, and agree to be bound by rules and regulations of the Association as they now exist, and as they may hereafter be amended. SIGNATURE DATE ATTESTATION				ended .	
1			_ of		
hereby certify that M	Ir./Mrs./Miss				is an
employee of	partment. Fur	thermore he/she	is fit to be admitted a	and is current as a member of the	tly a staff in the Financial
Designation:		Signature	D	ate:	
	•				
Membership Category	ON: Annual Dues		METHOD OF PAYMENT Kindly issue your draft/cheque in favour of Financial Markets Dealers Association or via direct transfer.		
	Annual Dues	Tick Where Applicable			nancial Markets

FOR OFFICIAL USE ONLY

Bank: Guaranty Trust Bank Plc

Account No: 0001272210

Sort Code: 058152010 Branch: Adeola Odeku

Date Received	PMT Receipt No.	Membership No.	Remarks	Signature of Officer

N30,000.00

N50,000.00

Member

Fellow

