

INSTITUTE OF PROFESSIONAL FINANCIAL MANAGERS

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MEMBERSHIP / PROFESSIONAL QUALIFICATION APPLICATION FORM

Name in Full: MR / MRS / MIS		
Address :		
	Nationality :	
E-mail :	Tel :	
How did you learn of the IPFM?		
	ssociate / Fellow / Doctoral Fellow? (Ple	
Transcripts		
Transcripts from all colleges or un	iversities you have attended should be sen	t to the Office of the Dean of Admission.
Awarding Institution	Qualification	Year Completed (MM/YYYY)
Working Experience		
Company Name	Position	Working Period (MM/YYYY)
		From to
		From to
Professional Qualifications		
Professional Body	Type of Membership	Date of Award
	ff Wooller MSc ACIB ACIS DIPFM FCA FCCA FCEA FCS/ retary : Charles T Charalambides FBSC FIBA FICM LLM F Chief Executive : Professor Dr Cyril King	

Destination and Diploma Courses (please tick as appropriate)			
Chartered Global Management Accountant, CGMA			
Chartered Management Accountant, CMA			
Chartered Cost Accountant, CCA			
Chartered Auditor, CA			
Chartered Financial Manager, CFM			
Financial Risk Manager, FRM			
Certified Financial Analyst, CFA			
Certified Financial Planner, CFP			
Other Designations:			
Professional Diploma Course :			
March such in (alors tick of an annual state)			
Memberships (please tick as appropriate)			
Doctoral Fellow			
Fellow			
□ Associate			
Membership of Institute will confer the following benefits :			
(a) Use of the letters TIPFM, AIPFM, FIPFM or DIPFM.			
(b) Free quarterly Journal.			
(c) Right to attend free the annual dinner in London or at other centres if	numbers allow.		
(d) Personalized services for career development from IPFM .			
Ampliant Cimeture	Data		
Applicant Signature :	Date :		
Founder : Dr Jeff Wooller MSc ACIB ACIS DIPFM FCA FCCA FCEA FC Honorary Secretary : Charles T Charalambides FBSC FIBA FICM LLM			

Note: All the data will be only used for application of IPFM