

**INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS
APPLICATION FOR GRANT OF A PRACTISING CERTIFICATE**

Note: Before filling this form, kindly refer to the notes on page 4 of this form.

Applications to be addressed to:

**The Chairman
Registration Committee
Institute of Certified Investment and Financial Analysts
P.O Box 48250-00100
NAIROBI**

SECTION A

1). Surname (Mr. Ms Dr Prof.).....

(Block Letters)

2) Other Names

(Block Letters)

3) Registration Number Date of Registration

4. I enclose a cheque/Bankers Cheque of **Kshs. 15,000 (for Kenyans) or Kshs. 20,000 for non-Kenyans** in payment of application fees which I understand is not refundable.

Cheques payable to the Institute of Certified Investment and Financial Analysts (ICIFA). Payment may also be made to the following account; NIC Bank, NIC house, Ac 1002054295 or through our MPESA PAY BILL 593226. Where a payment has been made through the bank or MPESA, the applicant is required to present the banking slip with his or her application.

SECTION B

5. Work experience gained since qualifying (Use additional sheet of paper where necessary)

Name and Address of Organization	From	To	Position Held	Description of responsibilities

- *Attached updated CV*
- *Provide a letter from employer indicating that you have wide experience in Financial Markets (see notes on page 4).*
- *That you have spent the equivalent of at least three (3) years in finance markets practice either in full-time or part-time capacity.*
- *Details of clients handled by you and levels of responsibility on the assignments.*
- *Level of responsibilities in finance markets practice generally and the duration of such responsibilities (e.g. manager, supervisor/ senior, clerk/assistant and the period*
- *Names and contacts of the partners to whom you were responsible for your work.*
- *Other work experience gained since registration as a Certified Investment and Financial Analyst*

6. Names and contact of Public, private, Corporate, NGO sector under whom you served in No.5 above.

Name of Organization	Contact Person	Email/Phone No	Period	
			From	To

7. I, -----hereby apply for the grant of a Practicing Certificate under the provisions of the Act. The details of my practice are as provided below;

Name or Style of Practice

Main Address at which Practice is located / is to be located:

Physical location

County/Town

Mail Address

Telephone No

Email Address

8. State whether the Practice will be Full time Part time

9. If part time, give approximate proportion of working time to be spent in practice (in percentage terms)
 less than 20% 20-50% over 50%

10. Does (will) the firm provide other related professional Investment and Financial services apart from the underlined? Yes No

11. If the answer to No.10 is yes, list the other services planned to be offered

12. Date planned for Practice to commence

Non-Kenyans should enclose a copy of a valid work permit also certified by the same advocate who certifies the applicant's other documents.

13. I hereby solemnly declare that the foregoing information is true to the best of my knowledge. I acknowledge that any statement contained anywhere in this application which is known to be false shall invalidate this application and any decision reached thereon by the Registration Committee. I have read the Investment and Financial Analysts Act, and I am aware of the penalties stipulated in connection with the provision of the Act.

14. I further commit to fulfill any requirements set by the Institute of Certified Investment and Financial Analysts (ICIFA) relating to Professional Standards, continuous development programs, Quality assurance review, fit and Proper test, and any other professional pronouncements that are in force or may be introduced in the future.

Applicants Signature..... Date.....

APPENDIX:

Requirements for Registration:

1. Applicant must be a Full Member or Fellow of the Institute.
2. Applicant must have at least 4 years of relevant experience.
3. A duly filled ICIFA application form for Practicing Certificate.
4. Membership subscription must be up to date.
5. Applicant should be up to date with Continuous Professional Development (CPD) credits in accordance with existing requirements. Provide a duly signed CPD form from the Institute.
6. Applicant must be a member of the Institute in good standing.
7. Letter of reference from employer confirming professional integrity and diligence.
8. Letter(s) from a firm(s) recognized by the Institute confirming relevant experience adding up to not less than 4 years and such letters to clearly indicate the nature of the practice, ie financial analysis, research, investment advisory, corporate finance, transaction advisory etc.
9. Letters of reference detailing knowledge about the applicant from two referees, one of whom must be a member of the Institute.
10. Applicant must not have been subject to any disciplinary action or pending disciplinary case by the Institute.
11. A copy of business registration certificate and Pin Certificate if practising as a firm.
12. If licensed under any financial services regulator (ie CMA, CBK, RBA, SASRA, IRA, etc), provide copy of license.
13. Provide postal and physical addresses of the firm and names of partners / directors of the firm.
14. Application fee for Practicing Certificate Kshs.15,000 payable to the Institute of Certified Investment and Financial Analysts.

NB: Once an application for Practising Certificate has been approved by the Registration Committee, the Member is issued with a Practising Certificate to offer investment and financial services in accordance with the Investment and Financial Analysts (IFA) Act subject to having a valid Annual Practising Licence.

FOR OFFICIAL USE ONLY

Practicing File No.....Registration No.....

Date Received.....

Receipt No.....Date.....Date Acknowledged.....

Member standing status in good standing not in good standing

Approved/Rejected Minute No.....Deferred Minute No.....

Registration Committee Chairman's Signature.....Date.....

Date Notification Sent.....