



**FELLOW CHARTERED RISK MANAGER
(FCRM) CONFERMENT APPLICATION FORM**

Passport Photo

Name: (Surname First)				Title:
CRMI No.:	Maiden Name:	Sex:	Date of Birth:	
E-mail Address: (Official)		E-mail Address: (Personal)		
Phone No: (Official)		Phone No: (Personal)		
Contact/Mailing Address:		Nationality:		

EDUCATIONAL/ PROFESSIONAL QUALIFICATION* *(State Highest Qualification Obtained)*

Academic Qualification/Year:	
Institution Attended with Date:	
Professional Qualification/Year:	
Awarding Institution with Date:	

WORK HISTORY*** *(Positions Held in the Last ten years, starting with the most recent; attach your updated CV)*

Organization	Position Held	Period covered

Grade Level: _____

Are you a qualified CRM?

☐ Yes

☐ No

Year of CRM Qualification: _____

Any outstanding membership annual dues? ☐ Yes

☐ No

Reputation and Character:

Yes/No

- | | |
|---|--------------------------|
| a. Have you ever been a subject of a disciplinary or criminal case? | ☐ |
| b. been indicted of any offense relating to dishonesty, fraud, financial crime or other criminal acts? | ☐ |
| c. Have you been in the management of an institution that failed as a result of failure of risk management? | ☐ |
| d. Have you at any time been declared bankrupt or are you currently the subject of bankruptcy proceedings that you are aware of? | ☐ |
| e. Have you at any time failed to satisfy a judgment debt? | ☐ |
| f. Have you ever been legally disqualified from acting as a director or serving in a managerial capacity? | ☐ |
| g. Have you ever been disciplined by any professional Association? | ☐ |
| h. Have you been refused entry to any profession or vocation or been dismissed or requested to resign from any office or employment, or from any fiduciary office or position of trust, whether or not remunerated? | ☐ |
| i. Have you ever knowingly been the subject of an investigation into allegations of misconduct or malpractice as a result of the failure of risk management? | ☐ |
| j. Have you ever been diagnosed with mental health issues? | ☐ |

NOTE: If your answer to any of the ten questions above is yes, use an additional sheet to provide detailed explanations.

Attestation

I _____ do hereby attest that all the information I provided here are correct, true, and complete and my application/CRM conferment may be cancelled/withdrawn at any time for any misrepresentation of information.

I acknowledge that the Governing Council may seek additional information from any third parties it deems fit in assessing my suitability for the conferment of FCRM of the Institute.

In consideration of my being conferred with the title of FCRM of the Institute, I agree that I will comply with and be bound by the Institute's Act No. 39 of 2022 and by the rules and regulations in force at the time of my application and subsequent rules and regulations which thereafter from time to time be made by the Council of the Institute.

Signature _____ . Date _____

***** Kindly attach your CV, copies of certificates & passport photo and submit the application at CRMI Secretariat with the applicable fee.**

FOR OFFICE USE ONLY☐ QUALIFIED FOR FCRM?

YES

☐

NO

☐

DATE OF ADMISSION STATUS:

APPLICATION ASSESSMENT FORM (INDIVIDUAL PERSONAL DATA)

Name (Surname First)					Title:
CRMI No.:		Sex:		Date of Birth:	

Contact/Mailing Address	
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EDUCATIONAL/ PROFESSIONAL QUALIFICATION* (*State Highest Qualification Obtained*)

Academic Qualification/Year:	
Institution Attended with Dates:	
Professional Qualification/Year:	
Awarding Institution with Dates	

WORK HISTORY** (*Positions Held in Last ten years, starting with most recent*)

Name of Organization	
Total Working Years	
Total Years of Risk Management Experience	
Current Position	

FCRM Recommendation: _____

CRM Qualified?

(Yes/ No)

☐

Membership/ Dues Paid?

(Yes/ No)

☐

Participation Dues Paid?

(Yes/ No)

☐

Name of Reviewer: _____ Date _____

APPROVAL

CRM Officer - Signature/ Date: _____

Registrar / CE - Signature/ Date: _____

President / Chairman of Council - Signature/ Date: _____