

# ASSOCIATION OF FORENSIC AND INVESTIGATIVE AUDITORS

## IN NIGERIA



Efab Plaza Suit D63 2<sup>nd</sup> floor, Area 11 Garki Abuja  
Tel 08069168955, 08032862808



**CFIA PROGRAM**

Certified Forensic & Investigative Auditors

**CCFS PROGRAM**

Certified Cyber Forensic Specialist

**ASSOCIATE**

**CFIA**

**FELLOW**

Name \_\_\_\_\_ (Chief/Prof/Dr/Mr/Mrs)  
(Surname) (Other names)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Office Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Current Job Information: \_\_\_\_\_

Name and Address of Organization: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

### Previous Job Information

Designation	Company	Period			
		From	To		

**ACADEMIC QUALIFICATIONS**

Please provide details about the following:

University/Polytechnic/College	Month & Year		Qualifications Obtained
	From	To	

**Other professional qualification(s)** if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

Please tick as appropriate:

- Associate
- Certified forensic & investigative AUDITORAS (CFIA)
- Fellow
- Honorary Fellow

Pls. enclose a copy of your CV, credentials, 1ST Appointment, last promotion letter, identity card and a passport photograph:

**DECLARATION**

I agree to comply with the standards of Ethical Conduct, I declare and affirm that the statement made in the foregoing application, including accompanying statement and transcripts, are true, complete and correct. I authorize the investigation of all statements contained in this application.

I hereby attest that I will not divulge the content of the examination, nor will I remove any examination materials, notes or other unauthorized materials from the examination center. I understand that failure to comply with this attestation may result in invitation of my grades and disqualification from future examinations.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date of Application

All payment should be made to the Association's Account directly.

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**OFFICE USE ONLY**

Date Purchased:.....

Date Submitted:.....

Date Processed:.....

Officer In Charged:.....

Date/Signature:.....





