



# NIGERIAN INSTITUTE FOR INDUSTRIAL SECURITY

## CERTIFIED SECURITY SPECIALIST PROGRAM APPLICATION FORM

I am applying to take the exam for certified Security Specialist Program.

SURNAME

FIRST NAME

MIDDLE NAME

Prefix (MR./MRS./MS./CHIEF): .....

Please send certificate to this address: .....

Email: .....

Home Address: .....

Tel. Office: ..... GSM: .....

Date of Birth: .....

Please provide the name of the person who encouraged you to apply for membership. This person will be considered your mentor.

NAME

MENTOR'S

PHONE NUMBER

### EDUCATION

INSTITUTION NAME: .....

INSTITUTION ADDRESS: .....

ATTENDED FROM MONTH/YEAR

TO

MONTH/YEAR

'ACADEMIC YEARS COMPLETED: .....

DATES OF EMPLOYMENT:

FROM (MONTH /YEAR

TO

MONTH /YEAR)

NAME OF EMPLOYER: .....

ADDRESS: .....

POSITION TITLE/RANK: ..... TOTAL MONTHS: .....

NAME AND TITLE OF IMMEDIATE SUPERVISOR

DATE OF EMPLOYMENT:

FROM (MONTH/YEAR

TO

MONTH/YEAR)

NAME OF EMPLOYER:

ADDRESS: .....

POSITION TITLE RANK: ..... TOTAL MONTHS: .....

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

DATE OF EMPLOYMENT: FROM (MONTH/YEAR TO MONTH I YEAR)

NAME OF EMPLOYER: .....

ADDRESS: .....

POSITION TITLE RANK: ..... TOTAL MONTHS: .....

NAME AND TITLE OF IMMEDIATE SUPERVISOR

**APPLICATION DECLARATION**

I certify that all information I have provided in this application including attachments is true to the best of my knowledge.

.....  
Signature

.....  
Date

Fees and Payment Submission. Course fee must accompany the application.

**Total Fee: #120,000**

All fees to be paid into **First Bank Plc Account number: - 2007786868 or Sterling Bank Account Number: 0025957708 or Diamond Bank Account Number: 0076230258**