



# THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

No 84, 4th Avenue (Sa'adu Zungur Avenue) Gwarinpa - Abuja Nigeria.

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## APPLICATION FOR MEMBERSHIP UPGRADE (MEMBER)

PASSPORT  
PHOTOGRAPH

\*All sections of this form must be duly completed in Block letters

1	SURNAME:			
2	OTHER NAMES:			
3	POSTAL ADDRESS:			
4	RESIDENTIAL ADDRESS:			
5	E-MAIL ADDRESS:			6. TEL NO:
7	DATE OF BIRTH:		8. NATIONALITY:	
8	MEMBERSHIP GRADE:		10. MEMBERSHIP NO:	

### 11 QUALIFICATIONS:

#### A. ACADEMIC (Submit Copies of Certificates)

INSTITUTION	EXAMINATION PASSED

#### B. 'O' LEVEL SUBJECTS (WAEC/NECO/SSCE/NABTEB)

SUBJECTS	GRADE	SUBJECTS	GRADE	SUBJECTS	GRADE
(MANDATORY)		(Any Two Minimum )		GEOGRAPHY	
ENGLISH		CHEMISTRY		TECHNICAL DRAWING	
MATHEMATICS		FURTHER MATHS		BIOLOGY	
PHYSICS		ECONOMICS			
		COMMERCE			

#### C. PROFESSIONAL (Submit Copies of Certificates)

PROFESSIONAL BODY	STAGE OF EXAMINATION PASSED

**D. NIQS EXAMINATION (Attach Results)**

<b>EXAMINATION</b>	<b>YEAR</b>
LOGBOOK STAGE 1, 2 & 3	
TPC	
PCI	

**12 MEMBERSHIP OF OTHER PROFESSIONAL BODIES**

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**13 PROFESSIONAL EXPERIENCE**

<b>EMPLOYER'S NAME/ADDRESS</b>	<b>DATE</b>	<b>POSITION HELD</b>	<b>DUTIES</b>

**14 PRESENT EMPLOYER'S COMMENTS**

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SIGNATURE :
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DATE :
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**15 LIST SEMINARS/WORKSHOPS ATTENDED (Submit Copies of Certificates)**

<b>TITLE</b>	<b>DATE</b>	<b>ORGANISED BY</b>	<b>CPD UNITS</b>

**16 DECLARATION**

I, 

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 PLEDGE TO CONDUCT MYSELF STRICTLY IN COMPLIANCE WITH THE RULES OF CONDUCT AND TO ABIDE BY THE LAWS OF THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS AND AS MAY BE AMENDED THEREAFTER.

SIGNATURE
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DATE
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**17 REFEREES:** NOTE \* THE ORIGINAL CERTIFICATES MUST BE SIGHTED BEFORE ATTESTATION BY SIGNING ON THE PHOTOCOPIES  
 (TWO REFEREES MUST BE FINANCIAL QUALIFIED MEMBERS OF THE INSTITUTE)

i

NAME (IN FULL):	
MEMBERSHIP GRADE:	MEMBERSHIP NO:
SIGNATURE:	DATE:
TEL NO(S)	E-MAIL

ii

NAME (IN FULL):	
MEMBERSHIP GRADE:	MEMBERSHIP NO:
SIGNATURE:	DATE:
TEL NO(S):	E-MAIL

**STATE CHAPTER CHAIRMAN / SECRETARY**

(ONLY CHAIRMAN OR SECRETARY SHOULD SIGN THIS PORTION)

NAME:
STATE:
E-MAIL:
DESIGNATION:

DATE:
TEL NO:
SIGNATURE:

**FOR SECRETARIAT USE ONLY**

		DATE	INITIALS
1	APPLICATION FORM RECEIVED		
2	APPLICATION FORM ACKNOWLEDGED		
3	APPLICATION FORM PASSED TO MEMBERSHIP CTTEE		
4	RECOMMENDATION TO THE EXECUTIVE COUNCIL		
5	APPROVAL BY EXECUTIVE COUNCIL		
6	NOTIFICATION OF APPROVAL		
7	ENROLMENT FEE RECEIVED		
8	MEMBERSHIP NUMBER		
9	PUBLISHED IN "THE QUANTITY SURVEYORS"		

MEMBERSHIP COMMITTEE:

APPROVED

NOT APPROVED

COMMENT:

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CHAIRMAN- MEMBERSHIP COMMITTEE

SECRETARY- MEMBERSHIP COMMITTEE