Chartered Governance Institute UK & Ireland

Application for Re-election to Membership

Please read the attached notes carefully before completing and use block capitals and black ink.

Title: Mr/Mrs/Miss/Ms/Dr (please circle one) Other title: (please specify)

Surname/family name:

First name(s):

Date of birth: Registration no.:

Date of when your membership lapsed: Former grade of membership:

Date of admission as a graduate: (if applicable)

☐ Home address:

Postcode:

Phone: Mobile:

Email address:

Present employer:

Job title:

☐ Business address:

Postcode:

Phone: Mobile:

Email address:

Please tick to indicate which address is to be used for correspondence.

Character and standing

Yes	No	
☐	☐	1. Are you an undischarged bankrupt, or are your affairs currently subject to an arrangement with creditors or other external administration, or are any such proceedings pending against you?
☐	☐	2. Within the past five years, have you been convicted of any offence of such a nature that, had you been a member of the Institute at the time, would have been likely to have given rise to disciplinary action being taken against you by the Institute under byelaw 56.8?
☐	☐	3. Within the past five years, have you conducted yourself, whether by act or default, in a manner that, had you been a member of the Institute at the time, might or is likely to have been discreditable to the Institute having regard to the Institute Code of Ethics?

Other professional qualifications

Name of professional body	Designatory letters	Date exams completed	Date elected to membership	*

Form of recommendation

We, the undersigned, having known the above named applicant for the period set against our names (of at least one year), hereby recommend the applicant from personal knowledge, having read the notes, for election as a Graduate, Associate or Fellow of the Institute.

1. Name:

Address:

Profession/occupation:

Period in years:

Membership no.:

Insert FCG/ACG (if a chartered secretary) or other, please specify:

Period I have known the applicant:

Is the applicant a relative? ☐ Yes ☐ No (if yes, please see note 2 of 'Notes for the completion of the form')

Signature:

Date:

2. Name:

Address:

Profession/occupation:

Period in years:

Membership no.:

Insert FCG/ACG (if a chartered secretary) or other, please specify:

Period I have known the applicant:

Is the applicant a relative? ☐ Yes ☐ No (if yes, please see note 2 of 'Notes for the completion of the form')

Signature:

Date:

Personal statement

Explain your reason for applying:

To: The UK Committee of The Chartered Governance Institute

I hereby apply for re-election as a graduate/member of the Institute. I undertake, if re-elected, to be bound by the provisions of the Charter and Byelaws from time to time in force.

I enclose £ in payment of fees and subscriptions due.

Signature: Date:

Office use only Registration no.:	Total relevant experience: ☐	
Eligible for:	Checked by:	Date:
Need to change number: ☐	Approved by:	Date:

Chartered Governance Institute UK & Ireland

Statement of appointments – starting with present or most recent post

The referee should in each case be a company secretary/director/senior manager in the organisation concerned. The referee is asked to certify from personal knowledge that the information, given by the applicant in the section next to the referee's signature, is correct. The referee is invited to provide any remark or amplification considered relevant, in a supporting letter.

Please attach your Curriculum Vitae with this application.

Name of organisation	Title of appointment	Dates From	To	Referee Name	Office held	Signature and date	For office use only