



APPLICATION FORM

REGISTRATION AS A CERTIFIED FOOD SCIENTIST



IMPORTANT INFORMATION!

EVERY REGISTERED FOOD SCIENTIST SHOULD SEND IMMEDIATE NOTIFICATION OF ANY CHANGE OF ADDRESS/DATA SUPPLIED TO THE REGISTRAR OF THE COUNCIL.

PERSONAL INFORMATION

Surname

Previous Surname (If applicable)

Other Names

Title: Mr. / Mrs. / Dr. / Prof.

Date of Birth

Gender

Nationality

State

Local Government Area

NIFST Registration Number
(Please attach copy of NIFST Certificate)

QUALIFICATIONS

Course of Study

Name of Tertiary Institution

Qualification Obtained
(Please attach copy of NIFST Certificate)

Year of Qualification

Membership Type: Professional Fellow

CONTACT INFORMATION

Mailing Address

Email

Tick your appropriate Category of Practice from the options below:

Academic/Research Government/Regulatory Industry Private Practice NGO International Development

PLACE OF WORK

Name of Organization/Institution

Position

Address

Organization's Telephone

Email

SPONSORSHIP INFORMATION (Please attach passport photographs of sponsors)

1. Sponsors Name _____ Current CFSN Number _____

2. Sponsors Name _____ Current CFSN Number _____

PAYMENTS

(Please select category of payment)

Membership/Individual Fee

Individual Practice License

Membership/Individual Renewal Fee

Renewal of Practice License

I hereby certify that I am not a registered and practicing member of an allied profession and the particulars furnished herein are true

TAKE NOTE: THE NICFOST SHALL MAKE A CLAIM AND RECOVER ALL COSTS OF LITIGATION INCURRED BY IN IN DEFENCE OF ANY COURT ACTION INSTITUTED AGAINST IT AT THE INSTANCE OF ANY CERTIFIED FOOD SCIENTIST AND/OR LICENSED FOOD SCIENTIST PREMISES AND WHEREBY THE SUIT IS STRUCK OUT, WITHDRAWN OR THE FOOD SCIENTIST OR THE FOOD SCIENTIST PREMISES LOSES THE CASE.