



NIGERIAN COUNCIL OF FOOD SCIENCE AND TECHNOLOGY (NICFoST)

# APPLICATION FORM

REGISTRATION AS A CERTIFIED FOOD SCIENTIST OF NIGERIA (CFSN)



## IMPORTANT INFORMATION ON UPDATING YOUR REGISTRATION INFORMATION EARLIER SUPPLIED!

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./Ms./Dr./Prof.

Date of Birth

Gender

Nationality

State

Local Government Area

NIFST Registration Number  
(Please attach copy of NIFST Certificate)

### QUALIFICATIONS

1.

Course of Study

Name of Institution

Year of Qualification

Qualification Obtained

(Please attach copies of your certificate obtained from this institution)

2.

Course of Study

Name of Institution

Year of Qualification

Qualification Obtained

(Please attach copies of your certificate obtained from this institution)

3.

Course of Study

Name of Institution

Year of Qualification

Qualification Obtained

(Please attach copies of your certificate obtained from this institution)

4.

Course of Study

Name of Institution

Year of Qualification

Qualification Obtained

(Please attach copies of your certificate obtained from this institution)

5.

Course of Study

Name of Institution

Year of Qualification

Qualification Obtained

(Please attach copies of your certificate obtained from this institution)

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 your current passport photograph)*

1. \_\_\_\_\_  
Sponsors Name

\_\_\_\_\_  
Current CFSN Number

2. \_\_\_\_\_  
Sponsors Name

\_\_\_\_\_  
Current CFSN Number

CREATE LOGIN DETAILS

Use this account to login to your dashboard for tracking, renewal and subsequent applications.

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Personal Phone Number

\_\_\_\_\_  
Password

\_\_\_\_\_  
Confirm Password

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.