



## ENDORSEMENT CERTIFICATE

Candidate Name: \_\_\_\_\_

I declare that the details provided in my application documentation are true and I wish to be transferred to membership of the Fellow class of the Chartered Institute of Building. If transferred, I undertake to observe the Charter and Bye Laws and the regulations of the Institute for the time being in force.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

*The CIOB processes member information in accordance with the Data Protection Act 1988. A copy of the full CIOB Privacy Policy is available on request. Occasionally, where there is judged to be benefit to members, appropriate data may be passed to a third party. If you wish to be excluded, please tick this box.*

## FELLOWSHIP ENDORSEMENT

(To be completed preferably by a Fellow of CIOB known to the candidate or a person of equivalent status working in construction).

I declare that to the best of my knowledge that the report submitted by \_\_\_\_\_ is factually correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

CIOB Membership No. (if applicable): \_\_\_\_\_

Professional Qualification: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Contact telephone number or email address: \_\_\_\_\_

THIS FORM CAN EITHER BE SENT IN HARD COPY TO WENDY HEWLETT AT CIOB HEADQUARTERS OR ALTERNATIVELY CAN BE SCANNED AND EMAILED WITH YOUR APPLICATION.

No additional subscription is payable in the year in which transfer is effected, however please ensure your membership is current before applying.

The CIOB reserves the right to contact the signatory of this form if required