APPLICATION
Investor Relations Charter Examination

I. HOME ADDRESS

Address 1

Address 2

City
State
Zip code

Foreign province
Foreign postal code
Country

Home phone
Home email address

II. WORK ADDRESS

Company

Address 1

Address 2

City
State
Zip code

Foreign province
Foreign postal code
Country

Work phone
Work email address

III. DEMOGRAPHIC INFORMATION (OPTIONAL)

Gender
☑ Male  ☐ Female  ☐ Not specified

Age range
☐ Under 25  ☐ 25–29  ☐ 30–39
☐ 40–49  ☐ 50–59  ☐ 60+

How long have you been employed in the investor relations field of practice?

Employment Status
☐ Full time  ☐ Part time
☐ Not currently employed

Have you taken this exam before?
☐ Yes  ☐ No

Is your employer paying for this exam?
☐ Yes  ☐ No  ☐ N/A

Does reimbursement of the fee depend on your passing result?
☐ Yes  ☐ No  ☐ N/A

What is the primary reason you wish to become certified?
☐ Required by current employer
☐ To qualify for a higher professional position with current employer
☐ To qualify for a salary increase with current employer
☐ Personal choice/professional pride
☐ Other
### IV. WORK EXPERIENCE (MOST RECENT FIRST)

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<tr>
<th>Employer</th>
<th>Position title</th>
<th>Employer telephone</th>
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Select applicable work experience from the following areas of IR practice:

- ☐ IR Strategy Formulation
- ☐ Corporate Messaging Development
- ☐ Corporate Financial Reporting and Analysis
- ☐ Strategic Counsel and Collaboration
- ☐ Corporate Regulatory Compliance
- ☐ IR Planning, Implementation and Measurement
- ☐ Marketing and Outreach
- ☐ Business Insight
- ☐ Capital Markets and Capital Structure
- ☐ Corporate Governance

### V. EDUCATION

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### VI. CERTIFICATION

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APPLICATION – Investor Relations Charter Examination

VII. TESTING WINDOW
☐ March  ☐ June  ☐ November

VIII. EXAM LOCATION
City, state, country

IX. ELIGIBILITY REQUIREMENTS
Option under which you are applying:

☐ Option 1 – U.S. Bachelor’s degree or equivalent with three or more years of qualifying full-time work experience as an IR practitioner or IR counselor.

☐ Option 2 – Six or more years of qualifying full-time work experience as an IR practitioner or IR counselor.

☐ Option 3 – Hold a current certification relevant to IR practice with three or more years of qualifying full-time work experience as an IR practitioner or IR counselor.

X. EXAMINATION FEES
☐ NIRI Members/EARLY DEADLINE – $1095
☐ NIRI Members/FINAL DEADLINE – $1295
☐ NIRI Non-members/EARLY DEADLINE – $1595
☐ NIRI Non-members/FINAL DEADLINE – $1795

XI. PAYMENT INFORMATION
☐ Check enclosed in U.S. dollars payable to NIRI
☐ MasterCard  ☐ VISA  ☐ AmEx

Card number

Security code  Expiration date

Cardholder name – PLEASE PRINT

Zip code of billing address

☐ As an authorized user, I approve this charge.

XII. APPLICANT VERIFICATION/AUTHORIZATION – I certify that all statements given in this application are true and correct and that NIRI, the Certification Council, committees, and/or agents are hereby authorized to verify the information in this application and to make inquiries necessary to ascertain the accuracy of this application and my eligibility for certification. I also authorize any organization and individual listed to validate this application information. I understand that any misrepresentation of the information I have provided will result in the rejection of this application and resulting examination. I also certify that I have read the IRC Certification Applicant Handbook and understand and agree to the policies set forth therein. I understand that I must comply with the IRC certification code of conduct and the renewal policy to maintain my certification. I release from all liabilities the NIRI, the Certification Council, committees, and agents, and I am aware that any certification I may receive from NIRI will not constitute and shall not be construed as a license.

XIII. NON-DISCLOSURE AGREEMENT AND GENERAL TERMS OF USE – This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your competency in the area referenced in the title of this examination. You are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the Certification Council or NIRI. Non-compliance may lead to the revocation of your certification.

☐ By checking this box, I certify that the information presented in this application and the documents presented are true to the best of my knowledge and that I consent to all the stipulations associated with submitting this application for consideration.

e-signature of applicant  Date of application

SUBMIT

Or remit payment along with application to:
NIRI – Investor Relations Charter
225 Reinekers Lane, Suite 560
Alexandria, VA 22314 USA

FOR OFFICE USE ONLY
Program Code:  ☐ IRC  Delivery Method:  ☐ CBT  ☐ Web
Applicant Status:  ☐ First Time  ☐ Repeat  ☐ Recertification
☐ Signed application
☐ Resume
☐ Experience verification form or HR memorandum
☐ College transcripts evaluation for international applicants
☐ College diploma or transcripts
☐ Proof of NIRI membership
☐ Applicable fees
☐ Request for special accommodations
Application Status:  ☐ Approved  ☐ Rejected  ☐ Pending

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