



CHARTERED INSTITUTE OF COMMERCE OF NIGERIA

promoting and fostering the art & science of commerce in nigeria

EXAMINATION / EXEMPTION & MEMBERSHIP FORM

VERY IMPORTANT: ALL STUDENTS APPLYING FOR EXEMPTION MUST BE REGISTERED STUDENTS OF THIS INSTITUTE

ATTACH PASSPORT
PHOTOGRAPH HERE

SECTION A: PERSONAL INFORMATION
ALL IN CAPITAL LETTERS

NAME: _____
SURNAME FIRST NAME OTHER NAMES

DATE OF BIRTH: _____

EXACT AGE: _____

HOME ADDRESS: _____

L.G.A. _____ STATE OF ORIGIN: _____

NATIONALITY: _____ PRESENT RESIDENTIAL ADDRESS: _____

COMMUNICATION ADDRESS: _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

SECTION B: EDUCATIONAL INSTITUTION ATTENDED, EVIDENCE MUST BE ATTACHED

S/N	INSTITUTIONS	QUALIFICATIONS	FROM	TO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION C:
PRESENT OCCUPATION AND POSITION: _____

TOTAL FEES ENCLOSED: _____

HEAD OFFICE: 279, Old Abeokuta Motor Road, Axiom Plaza,
GF Suit 02, Tabon Tabon, Agege

P.O.Box 2565 Marina Lagos Tel: 234-1-4727965, 08033765460, 08029181200 Fax: 234-1-4922456

**SECTION D:
EXEMPTION INFORMATION**

NOTE:

CANDIDATES APPLYING FOR EXEMPTION MUST ATTACH EVIDENCE OF THEIR CURRENT STUDENTSHIP CERTIFICATE OF THEIR APPLICATION WILL BE DISQUALIFIED.

TIP AS APPROPRIATE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	II	I	II			I	II
FOUNDATION		DIPLOMA		P.E. I	P.E. II	H/DIPLOMA	
							P.E. III FINAL

STATE YOUR OPTION IF P.E. I, P.E. II, P.E. III OR DIPLOMA /HIGHER DIPLOMA

LIST THE SUBJECTS BELOW:

S/N	SUBJECT COMBINATION	STAGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

QUOTE YOUR STUDENTSHIP REGISTRATION NUMBER IF YOU ARE A REGISTERED STUDENT OF THE INSTITUTE _____

NOTE: CANDIDATES ARE NOT ALLOWED TO REGISTER FOR TWO STAGES/PARTS IN AN EXAMINATION SERIES

**SECTION E
MEMBERSHIP**

PLEASE TICK AS APPROPRIATE

GRADES OF MEMBERSHIP

FELLOW MEMBER ASSOCIATE STUDENT

OTHER PROFESSIONAL AFFILIATION/MEMBERSHIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. _____
8. _____

WORKING EXPERIENCE

PLEASE USE EXTRA SHEET ON THIS PART (IF NEED BE)

REFERENCE

1. Name: _____
Address: _____
Profession: _____
Relationship to Candidate: _____
2. Name: _____
Address: _____
Profession: _____
Relationship to Candidate: _____

Signature of Candidate

Date

FOR OFFICE USE ONLY

Date Received _____ Acknowledged by _____

Passed to Membership Committee _____

Result _____ Registration No. _____

Chairman Membership Committee

Registrar