



CHARTERED

Institute of Commerce of Nigeria

Since 1979



MEMBERSHIP REGISTRATION FORM

NAME
(SURNAME FIRST)

DATE OF BIRTH

EXACT AGE AS AT LAST BIRTHDAY.....

HOME ADDRESS.....

L.G.A.....STATE OF ORIGIN.....

NATIONALITY.....PRESENT RESIDENT ADDRESS

COMMUNICATION ADDRESS.....

E-MAIL ADDRESS.....TEL.....

PLEASE TICK AS APPROPRIATE

PDF.....FELLOW MEMBER..... ASSOCIATE..... STUDENT.....

EDUCATIONAL QUALIFICATION

1.....

2.....

3.....

4.....

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 APPLICANT

.....
DATE

FOR OFFICE USE ONLY

DATE RECEIVED.....ACKNOWLEDGE BY.....

PASSED TO MEMBERSHIP COMMITTEE

RESULT..... REGISTRATION NUMBER.....

N.B

- PLEASE UPLOAD/ATTACHED TWO PASSPORT PHOTOGRAPH
- PRINT AND SCAN/SEND HARDCOPY BACK TO THEMAIL/POINT OF SALE FOR FURTHER PROCESS.



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EXAMINATION/EXEMPTION FORM

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

SECTION A: PERSONAL INFORMATION (ALL IN CAPITAL LETTERS)

NAME
(SURNAME FIRST)

DATE OF BIRTH

EXACT AGE AS AT LAST BIRTHDAY.....

HOME ADDRESS.....

L.G.A.....STATE OF ORIGIN.....

NATIONALITY.....PRESENT RESIDENT ADDRESS

COMMUNICATION ADDRESS.....

E-MAIL ADDRESS.....TEL.....

SECTION B: EDUCATIONAL INSTITUTE ATTENDED WITH DATE

S/N	INSTITUTIONS	QUALIFICATIONS	FROM	TO

SECTION C:

PRESENT OCCUPATION AND POSITION

TOTAL FEES ENCLOSED.....

SECTION D:

EXEMPTION INFORMATION

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

PHOTOCOPY OF ALL CREDENTIALS LISTED ABOVE MUST BE ATTACHED

TICK AS APPROPRIATE

I	II
---	----

FOUNDATION

I

PE

II

PE

III

PE

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

.....

.....

SIGNATURE OF APPLICANT

DATE

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

FOR OFFICE USE ONLY

(1) DATE RECEIVED.....(2) RECEIVED BY.....

(2) APPROVED BY (4) DATE.....

(5) REGISTRAR'S COMMENTS.....

SIGNATURE.....