

# The Institute Of Certified Public Accountants Of Nigeria

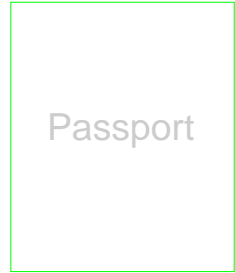
**All Correspondence should be address to:**

## NATIONAL HEADQUARTERS:

No.A1 Amadu Bello Way  
3rd floor behind UBA PLC,  
Kaduna.  
P.O. BOX 3006,kaduna.  
Tel:08023443773,08098045051  
08033052242.



(Professional Association)  
ESTABLISHED UNDER CAMA 1990  
**APPLICATION FOR MEMBERSHIP**



1. SURNAME: \_\_\_\_\_  
*(In Block Capital)*
2. OTHER NAME: \_\_\_\_\_  
*(In Block Capital)*
3. POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_
4. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_
6. NATIONALITY: \_\_\_\_\_
7. STATE OF ORIGIN: \_\_\_\_\_ LOCAL GOVT \_\_\_\_\_
8. EXAMINATION PASSED WITH RATES: \_\_\_\_\_

- |     |                            |                     |      |
|-----|----------------------------|---------------------|------|
| (a) | Name of College            | Certificate/Diplom  |      |
|     | Polytechnics or University | or Degree Awarded   | Year |
| (b) | Name of Professional Body  | Certificate/Diploma | Year |
|     |                            | Awarded             |      |

### (I) Previous Employment

- (a) Experience in public Sector

Name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_

*Deetails job performed*

**(ii) Present Employer**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Business: \_\_\_\_\_  
Position Held \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_  
Job Scheduled \_\_\_\_\_

**(iii) Experience In Prof. Practice**

Details of Job Performed

Name Of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Post Held \_\_\_\_\_  
Date \_\_\_\_\_ to \_\_\_\_\_

**© Experience In The Industry**

Details of Job Performed

Name Of Industry/ Company \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_

**10 Applicant Declaration**

I Have Studied The **ICPAN** General Regulation And Undertake, If admitted as a Member, To Comply With The Regulation (Bye-Law Of The Institute). to the beat of my knowledge and belief the information given in this form is correct in every particular.

\_\_\_\_\_  
Date \_\_\_\_\_

**Applicant Signature**

**11. Sponsorship/Referee**

Name: \_\_\_\_\_  
Grade In Institute: \_\_\_\_\_  
Address: \_\_\_\_\_  
Membership No \_\_\_\_\_

Note: This Portion Is To Be Signed by a member of the institute or a responsible Person such as Senior Officer in the applicant's of employment. Remember, this must be supported by an official stamp of the referee.

**12. Complete Application must be supported by the following and the appropriate fees For Membership.**

1. Certificate Photocopy. Of Certificate, dDploma or result
2. Photocopy Of Birth Certificate, Or Sworn declaration of Age
- 3 Recommendation Letter From Your Referee
- 4 Application Fee Of N7,000.00( Seven Thousand Naira Only
- 5 Fees be Paid Before Collection of this form.

**OFFICAL USE ONLY**

Date Of Application \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Membership Number \_\_\_\_\_  
Resident State \_\_\_\_\_  
Zone.

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**(PROFESSIONAL ASSOCIATION)**

## FOR OFFICE ONLY

APPLICATION FORM NO. ....
FEE RECEIVED NO. ....
REGISTERED BY .....
SIGNATURE. ....
ENCLOSURES:
DATE RECEIVED
APPROVED/NOT APPROVED
TOTAL AMOUNT RECEIVED N

## STUDENT REGISTRATION

SURNAME \_\_\_\_\_

OTHER NAME \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STATE \_\_\_\_\_ LOCAL GOVERNMENT \_\_\_\_\_ DISTRICT \_\_\_\_\_

TRIBE \_\_\_\_\_ NATIONALITY \_\_\_\_\_ AGE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

ADDRESS OF PRESENT EMPLOYMENT \_\_\_\_\_ POSITION HELD \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_ ANY PRACTICE: YES/NO \_\_\_\_\_

EDUCATION

PRIMARY SCHOOL \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CERTIFICATE OBTAINED \_\_\_\_\_ DATE \_\_\_\_\_

SECONDARY SCHOOL: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CERTIFICATE OBTAINED \_\_\_\_\_ DATE \_\_\_\_\_

POST SECONDARY SCHOOL \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CERTIFICATE OBTAINED \_\_\_\_\_ DATE \_\_\_\_\_

UNIVERSITY/COLLEGE/POLY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

DEGREE, DIPLOMA, CERT \_\_\_\_\_ DATE \_\_\_\_\_

### FORM FEE

*I hereby apply for student registration, and declare that the information provided are true and correct to the best of my knowledge and promise to abide by the rules and regulation of ICPAN,  
as may be enforced and any change effected in the future*

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

Student Signature: \_\_\_\_\_