

# The Institute of Certified Public Accountants of Nigeria

All Correspondence should be addressed to:

NATIONAL HEADQUARTERS:  
No. A1 Ahmadu Bello Way,  
3rd Floor, Behind UBA PLC,  
Kaduna.

P.O. BOX 3006, Kaduna.

:08023443773, 08098045051,  
:08033052242.



(Professional Association)

ESTABLISHED UNDER CAMA 1990

## APPLICATION FOR MEMBERSHIP

1. SURNAME:

(In Block Capital)

2. OTHER NAMES:

(In Block Capital)

3. POSTAL ADDRESS:

PHONE

4. RESIDENTIAL ADDRESS:

PHONE

5. DATE OF BIRTH:

6. NATIONALITY:

7. STATE OF ORIGIN:  LOCAL GOVT

8. EXAMINATION PASSED WITH RATES:

(a) Name of the College  
Polytechnics or University

Certificate/Diploma  
or Degree Awarded Year

(b) Name of Professional Body

Certificate/Diploma  
Awarded Year

(i) Previous Employment

(a) Experience in Public Sector

Details of Job Performed

Name:

Address:

Position Held:

(ii) Present Employer

Name:

Address:

Business:

Position Held  Date  to

Job Schedule

(iii) Experience in Prof. Practice

Details of Job Performed

Name of Firm:

Address:

Position Held

Date:  to

(c) Experience industry

Details of Job Performed

Name of industry Company

Address:

Position Held

Date:

10. Applicant Declaration

I have studied the ICPAN General Regulations and undertake, if admitted as a member, to comply with the regulation (Bye-Law of the institute. To the Best of my knowledge and belief the information given in this form is correct in every particular).

Applicant Signature

Date:

11. Sponsorship/Referee

Name:

Address:

Grade in the institute:

Membership No

Note: This portion is to be signed by a member of the institute or Failing this, a responsible Person such as a Senior Official in the applicant's of employment. Remember, this must be supported by an official stamp of the referee.

12. Completed Application must be supported by the followings and the appropriate fees for membership

1. Certified Photocopy of Certificate, Diploma or result
2. Photocopy of Birth certificate, or Sworn declaration of Age
3. Recommendation Letter from your referee
4. Application Fee of ₦7,000.00 (Seven Thousand Naira Only)
5. Fees be paid before collection of this form.

OFFICIAL USE ONLY

Date of Application

Date of Approved

Membership Number

Resident State

Zone