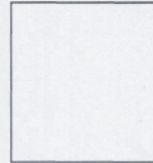


The Institute of Certified Public Accountants of Nigeria

The Registrar/Chief executive
National Head Office:
AL 10, Wushishi Road/Lagos Street
Kaduna. 08033052248

Southern Co-ordinating Office
18 Olowu Street, Ikeja 1 Lagos
P. O. Box 1438



CERTIFIED DIPLOMA SCHEME STUDENT REGISTRATION APPLICATION FORM

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: _____

EDUCATION:

PRIMARY SCHOOL ATTENDED: _____
FROM: _____ TO: _____
CERTIFICATE OBTAINED: _____
SECONDARY SCHOOL ATTENDED: _____
FROM: _____ TO: _____
QUALIFICATION OBTAINED & YEAR: _____

I hereby apply for student registration, and declares that the informations provided are true and correct to the best of my knowledge, and promise to abide by the rules and regulations of the ICPAN, as may be enforced and any changes effected in the future.

Date: _____ Student Signature: _____

SPONSOR:

NAME: _____
ADDRESS: _____
RELATIONSHIP: _____
POSITION HELD: _____

Signature: _____

Date: _____

FORM FEES N2,000

FOR OFFICE ONLY

APPLICATION FORM NO. _____
FEES RV _____ NO _____
REGISTRATION BY _____
SIGNATURE _____
ENCLOSURE _____
DATE RECEIVED _____
APPROVED NOT APPROVED _____
TOTAL AMOUNT RECEIVED N _____