



THE INSTITUTE OF CHARTERED SECRETARIES AND ADMINISTRATORS OF NIGERIA (ICSAN)

(Established by Act No. 19 of 1991)

STUDENT REGISTRATION FORM

Please read the notes carefully before completing this form.
Please complete all sections in BLOCK CAPITALS and in black ink.

PERSONAL DETAILS

Surname/Family name: _____ Title: _____

Other names: _____

Date of Birth: _____ Male/Female: _____

Home address: _____

Postcode: _____ Country: _____

Home telephone: _____ Mobile telephone: _____

Personal E-mail: _____

EMPLOYMENT DETAILS

Job title: _____ Department: _____

Employer: _____

Business address: _____

Postcode: _____ Country: _____

Business telephone: _____ Business fax: _____

Business E-mail: _____

Please indicate which address we should use for communication: Home Business

FOR OFFICIAL USE ONLY

Enquiry reference:	Registration number:
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AND ADMINISTRATORS OF NIGERIA (ICSAN)**

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ENTRY LEVEL

PROFESSIONAL PROGRAMME (PP)

You must also complete the enclosed exam entry form.

Please tick the box below to indicate at which point you wish to enter onto the Professional Programme

- Full exemption
 Partial Exemption
 Pre-Professional
 Foundation

Please detail below the qualifications on which you are basing your application to enter the Professional Programme

Please attach authenticated photocopies of the certificates which form the basis of your claim.

COURSE	COURSE PROVIDER	LEVEL ATTAINED

Part/Subjects of ICSA examinations previously passed or exempted:

Dates:

=====

STUDENTS EXAMINATION ADMISSION SLIP

Name:.....

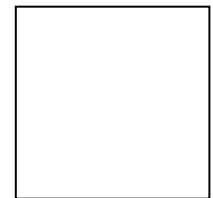
Registration No:.....

Examination No:.....

Course Registered:.....

Signature:.....

Date:.....





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REFEREE'S DETAILS AND SIGNATURE

I recommend _____

for registration as a student of the Institute of Chartered Secretaries and Administrators of Nigeria. In my opinion, the applicant is a fit and proper person for admission to the examinations of the Institute.

I have known him/her for: _____ years _____ months

Full Name: _____

Occupation or Job Title: _____

Professional Qualification(s): _____

Signature: _____ Date: _____

The signatory should preferably be a Member of the Institute, the Company Secretary of your employing organisation, a member of another professional body or an officer of a recognised university or college.

DATA PROTECTION

- The Institute occasionally supplies mailing lists, on a restricted basis, to other approved organisations. If you prefer NOT to receive information by direct mail from those to whom we supply these lists, then please tick the box.
- ICSAN and its subsidiaries may send you literature about issues or services relevant to the profession or your studies. If you do NOT wish to receive these mailings please tick the box.

FEE PAYMENT (please contact students department for detailed bank account(s))

The appropriate fee MUST be received in order for your registration to proceed. Payment can only be made through ICSAN bank Accounts, via, Intercontinental Bank Plc or First Bank of Nigeria Plc.

Payment Method

I enclose herewith Teller No: _____ Date: _____ Amount (₦): _____

NB please note that your registration will not be processed until the Institute has received full payment.

HOW DID YOU HEAR ABOUT ICSAN?

- Friend/family ICSAN website
 Colleague/employer Law book
 College Advertisement - Please state which publication

APPLICANT'S SIGNATURE

I certify that the information given above is, to the best of my knowledge, accurate in all respects. I have read and accept the regulations, terms and conditions for ICSAN students.

Signature: _____ Date: _____

CHECK LIST

Before returning your application, please ensure that you have:

1. Completed all appropriate sections of the student registration form.
2. Enclosed authenticated copies of your certificates and Marriage certificate where necessary.
3. Bring original copies of certificates for sighting
4. Completed the appropriate examination entry form.
5. Obtained a suitable referee.
6. Signed and dated the form.
7. Enclosed the relevant fee(s).
8. Enclose three (3) passport photographs