



**THE INSTITUTE OF CHARTERED SECRETARIES
& ADMINISTRATORS OF NIGERIA**
(Established by Act No. 19 of 1991)

Form of Application for Licence To Practise

1. DETAILS OF APPLICANT

- i) Surname:
(in block letters)
- ii) Other Names:
- iii) Former names (If applicable)
- iv) Postal Address:
- v) GSM/Phone No
- vi) Email Address
- vii) Date of Admission as a Member of the Institute:
- viii) Membership Number:

2. Membership of any other recognised Professional body to which you belong and date:

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3. Have you obtained a Practising License from that body(s) named in 2 above?

If yes, attach copy of Certificate(s)

4. Names and addresses of Practising Firms where approved training was obtained with dates:

- (a)
 - (b)
 - (c)
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5. (a) Are you joining an existing practice?

If yes, give detail:

Name and Address:.....

(b) Are you commencing your own practice?

If yes, give name/s of other partner/s (if any).....

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(c) Proposed address of the Practice.....

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6. If in salaried employment, state

(a) Name and address of employer.....
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I hereby declare that all information supplied herein are true and correct to the best of my knowledge and belief. I undertake to conform to and abide by Rules and Regulations issued, from time to time, by the Institute.

Applicant's Signature & Date:

OFFICIAL USE

Application Fee ₦

Public Practice Committee recommendation.....
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Name:

Signature:

Date

Date of Council approval