

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

APPLICATION FOR THE POST OF INVIGILATOR

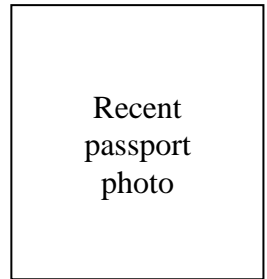
(Please complete this form in block letters)

1. Surname:.....

2. Other Names:.....

3. ICAN Membership Number:.....

4. Date of Admission to ICAN Membership:.....



5. Contact Address (including telephone No.) **Box Number Not Accepted:**
.....
.....
.....

6. Present Employment Records:
(a) Employer:.....
(b) Nature of Employment:.....
(c) Date of Engagement:.....
(d) Status in the Office:
(e) Office Address:.....

7. Educational and Professional Qualifications (with dates):
.....
.....

8. Are you engaged in the provision of training for **ICAN** students in any way or giving correspondence notes to **ICAN** students in any form?
YES/NO.....if yes, give details
.....
.....

9. Professional Affiliation with date:.....

SIGNATURE OF APPLICANT:.....

DATE:.....

10. *For Office Use Only*

ACCEPTED

KEEP IN VIEW

REJECTED