

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. Phone Number/Email address
 7. Present Employment Records:
 - (a) Employer:
 - (b) Nature of Employment:
 - (c) Date of Engagement:
 - (d) Status in the Office:
 - (e) Office Address:
 8. Educational and Professional Qualifications (with dates):
.....
.....
 9. 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:
.....
.....
 10. Professional Affiliation with dates:
- SIGNATURE OF APPLICANT:
- Date:
11. For Office use only

ACCEPTED

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KEEP IN VIEW

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REJECTED

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