



THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

ICAN TUITION HOUSE SUPPORT FUND

APPLICATION FORM FOR GRANT

1. Name of Tuition House:.....
2. Full Address of Tuition House:
.....
.....
3. Year of initial Recognition by ICAN:.....
4. District Society of:
 - a. Chairman:.....
 - b. Financial Director:.....
5. Membership No of:
 - a. Chairman:.....
 - b. Financial Director:.....
6. Purpose of Grant:.....
.....
7. C.A.C certificate of registration (attach copy).....
8. No of Candidates presented for ICAN exams in the last two diets:
Professional:.....
ATSWA:.....

9. ICAN Financial membership/subscription status:

Chairman:.....

Financial Director.....

10. MCPE compliant:

Chairman:.....

Financial Director:.....

CHAIRMAN NAME:.....

Signature/Date.....

FINANCIAL DIRECTOR NAME:.....

Signature/Date:.....