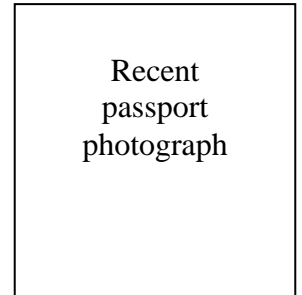


THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

APPLICATION FOR THE POST OF A CHECKER

Note: This application form must be properly completed. Failure to disclose any material information may render the form invalid. The Institute does not appoint as Assessor anybody who engages in full-time or part-time training of students for the ICAN Examinations. It is therefore, obligatory on the part of any Checker not to take up appointment as an checker and to resign his/her appointment as soon as he/she becomes so engaged. This application should be accompanied with photocopies of credentials.

(Please Complete in Block Letters)



1. Surname:-----
2. Other Names:-----
3. Contact Address: (including telephone No.) Box number not acceptable

4. Employment Record for the past three years or more with dates:
 - (i) (Employer:-----
Nature of Employment:-----
Date of Engagement:-----Date of Disengagement:-----
 - (ii) Employer: -----
Nature of Employment:-----
Date of Engagement:-----Date of Disengagement:-----
 - (iii) Employer: -----
Nature of Employment:-----
Date of Engagement:-----Date of Disengagement:-----
5. Present Office Address: -----
6. Present Status in the Office:-----
7. Education 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 student in any form? YES/NO.....If yes, please give details:

9. Have you ever been an examination official of a recognized Professional Body or in any way had experience in the conduct of any Examination?-----If so, please give details and date:-----

10. Professional Affiliation with dates:-----
11. ICAN Membership number (if a member):-----
12. Date of admission to ICAN Membership:-----
13. Which two subjects are you interested in among the underlisted subjects:

I hereby declare that the information given above is correct.

Signature of Applicant:-----

Name:-----

Date:-----

SPONSOR:

(Must be a Fellow of the Institute)

I certify that Mr./Mrs./Miss:-----

Who has applied to be an Checker with the Institute is a person of honour and integrity who could be entrusted with an assignment of great confidentiality. I also certify that, to the best of my knowledge and believe, he/she is not engaged in the training of students for the ICAN Examinations.

Signature:-----

Name:-----

Status with the Institute:-----Membership No.-----