



THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

APPLICATION FOR A CHANGE OF NAME ON OTHER GROUND



Affix passport photograph

**A. PERSONAL/FAMILY DETAILS (Complete in capital letters)**

1. Surname (Old): \_\_\_\_\_ Title: \_\_\_\_\_  
Other Names: \_\_\_\_\_
2. Proposed Surname: \_\_\_\_\_  
Other Names: \_\_\_\_\_
3. Membership No: MB0 \_\_\_\_\_ Status: FCA  ACA  (Tick as applicable)
4. Date of Birth: dd/mm/yyyy \_\_\_\_\_ Place of Birth: \_\_\_\_\_
5. State of Origin: \_\_\_\_\_ LGA: \_\_\_\_\_
6. Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_
7. Contact Address \_\_\_\_\_  
\_\_\_\_\_
8. GSM/Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_
9. Name of Father \_\_\_\_\_
10. Address \_\_\_\_\_
11. Name of Mother \_\_\_\_\_
12. Reason for Name Change: \_\_\_\_\_

**B. TERTIARY INSTITUTIONS ATTENDED WITH DATES**

S/No	NAME OF INSTITUTIONS	PERIOD	QUALIFICATIONS

**C. EMPLOYMENT HISTORY IN THE LAST 2 YEARS**

S/No	NAME/ADDRESS OF EMPLOYER	PERIOD

**D. DETAILS OF REFEREES (Give names and addresses of two referees)**

S/No	NAME OF REFREE	MBNo	STATUS (FCA/ACA)	ADDRESS	TEL NO

*N.B: Applicant and referees must be financially up-to-date and MCPD compliant*

**D. DOCUMENTS TO BE SUBMITTED WITH APPLICATIONS**

S/No	DOCUMENTS	TICK IF ATTACHED
1	Copy of marriage certificate or sworn affidavit (if applicable)	
2	Copy of membership certificate	
3	Passport photograph	
4	Newspaper advert	
5	Evidence of payment of ₦10,000 only	
6	Reference letter	
7	Birth certificate or sworn affidavit	
8	National Identification Number (NIN)	

I hereby certify that all required documents are herewith attached to my application

\_\_\_\_\_  
Signature of Applicant & Date