



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 ₦5,000 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