

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

(Established by Act of Parliament No. 15 of 1965)

RE-ADMISSION INTO MEMBERSHIP FORM (DELISTED MEMBERS)

The Council
The Institute of Chartered Accountants of Nigeria
Plot 16, Idowu Taylor Street
Victoria Island
P. O. Box 1580
Lagos



I hereby apply for re-admission into the Membership of the Institute in accordance with Rule 7 (b) of the Rules and Examination Regulations of the Institute of Chartered Accountants of Nigeria.

TO BE COMPLETED BY APPLICANT IN BLOCK LETTERS

1. Full details of Applicant:

(i) Membership Number:.....

(ii) Surname:.....

(iii) Other Names:.....

2. Name and Address of Business or Employment:

.....
.....

3. Email Address: Mobile No:

4. Date of Admission into Associate Membership:

5. Date of Transfer to Fellowship (If Applicable):.....

6. I enclose herewith the evidence of payment of ₦..... being payment for
Subscription/Faculty & Licence (if in practice) of N.....from year
.....to..... and re-admission fee of Fifty Thousand Naira (N50,000).

7. **DECLARATION:**

I declare that the information in this Form is correct to the best of my knowledge and hereby undertake to pay my annual subscription and other fees as and when due in line with the provisions of the ICAN

Act and the RULES AND REGULATIONS in force or which may from time to time be made by the Council of the Institute.

Signature:..... Date:.....

COMPLETED FORM SHOULD BE FORWARDED VIA E-MAILS TO readmission@ican.org.ng FOR PROCESSING

(OFFICIAL USE)

Approved/Not Approved by Registrar/Chief Executive.....

Name:

Date: