

CHARTERED INSTITUTE OF COST MANAGERS OF NIGERIA.



MEMBERSHIP ADMISSION FORM

ATTACH 2 PASSPORT
PHOTOGRAPH
HERE

Fill & Return to:
Office of-
The Registrar/CEO

Lagos office: 100, Oshodi Apapa Expressway Near Cele Bus Stop Lagos.
Benin Liaison Office: House 1, Hon. Victor Nosa Omoregie Close,
Benin Lagos Expressway Km12, Benin City.

website: www.cicmn.org.ng,
Email: registrar@cicmn.org.ng
Tel: 08023064860

CHARTERED INSTITUTE OF COST MANAGERS OF NIGERIA.

1. PERSONAL DATA

NAME
SURNAME MIDDLE NAME FIRST NAME TITLE

SEX.....DATE OF BIRTH.....

CONTACT ADDRESS.....

.....TEL/FAX/E-MAIL.....

OFFICE ADDRESS.....

.....TEL/FAX/E-MAIL.....

	EDUCATIONAL/PROFESSIONAL QUALIFICATION	INSTITUTION ATTENDED	YEAR
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2. EMPLOYMENT INFORMATION (IF APPLICABLE)

EMPLOYER'S NAME AND ADDRESS:.....

NATURE OF EMPLOYER'S BUSINESS.....

POST OCCUPIED BY APPLICANT.....

3. QUALIFYING EXAMINATION:

PROFESSIONAL LEVEL 2 } Tick As Applicable
 Direct Membership Programme }

4. REFEREES

(a) SPONSOR'S ENDORSEMENT (A MEMBER OF THE INSTITUTE)

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM ARE TO THE BEST OF MY KNOWLEDGE, CORRECT.

I, FURTHER STATE THAT THE APPLICANT, MR./MRS./MISS..... IS OF GOOD CHARACTER AND FIT TO BE ADMITTED AS ASSOCIATE MEMBER OF THE CHARTERED INSTITUTE OF COST MANAGERS OF NIGERIA.

NAME.....
SURNAME MIDDLE NAME FIRST NAME TITLE

OFFICE ADDRESS.....

.....TEL/FAX/E-MAIL.....

CONTACT ADDRESS.....

.....TEL/FAX/E-MAIL.....

SIGNATURE:.....MEMBERSHIP NO:..... STATUS.....

5. ENCLOSURES

(Tick as appropriate)

- i. Certified photocopy of Birth Certificate or sworn Declaration of Age
- ii. Certified photocopies of Educational/professional Certificates
- iii. Photocopy of Notification of Result of Cost Management Professional Exam.
- iv. Certified photocopies of NYSC Certificate / NYSC call up letter or confirmation letter form place of primary assignment. (If Applicable)
- v. A Membership Admission Fee in bank draft or deposit slip payable to the Chartered Institute of Cost Managers of Nigeria.
-

6. DECLARATION BY APPLICANT

I.....HEREBY DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND I AGREE TO ABIDE BY THE RULES AND REGULATIONS FOR THE INSTITUTE IF ADMITTED.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Information Verification

- i. Certified photocopy of Birth Certificate or sworn Declaration of Age OKAY NOT OKAY
- ii. Certified photocopy of Education/ Professional Certificate OKAY NOT OKAY
- iii. Certified photocopy of NYSC Certificate /NYSC call up letter or confirmation Letter from place of primary assignment OKAY NOT OKAY
- iv. Membership Admission fee in bank draft payable to the Institute. OKAY NOT OKAY

APPLICATION FORM ACCEPTED

ASSOCIATE MEMBERSHIP NO:..... EFFECTIVE DATE.....

APPLICATION FORM REJECTED

REASON(S)

Signature of Processing officer / Date