



# THE INSTITUTE OF COMPANY AND COMMERCIAL ACCOUNTANTS

**(CREDIBLE & ACCOUNTABLE)**

INCORPORATED IN PURSUANTS TO CAMA, 1990

## MEMBERSHIP APPLICATION FORM

### Vision Statements

Our Vision is to be credible, accountable and to become a leading financial institute capable of providing a central and distinct body in Federal Republic of Nigeria and internationally in accounting management, Taxation, Finance and Audit Sectors of the Economy.

### Mission Statements

To remain true to the vision of its founding fathers at all times - a leading financial institute, capable of providing its members and students across the country a central and distinct body.

#### LAGOS OFFICE ADDRESS:

10, FASUNLADE CLOSE,  
OFF SUBERU OJE ROAD,  
OFF ABEOKUTA EXPRESS ROAD,  
CASSO BUS STOP, ALAGBADO,  
LAGOS STATE

#### TELEPHONE NUMBER:

+2348033041862, +2348033813316

#### Email:

iccaofnigeria1999@gmail.com  
iccaofnigeria@hotmail.com

#### LIASON OFFICE ADDRESS:

#### OYO STATE:

No 2, Owo-Egbeleke Close,  
Egbeleke Street,  
Ashi Bodija by BOVAS Fuel Station,  
on Ashi/Basorun road,  
Deeper Life, Ibadan.

#### TELEPHONE NUMBER

+2347056865464

#### RIVER STATE:

3, Water Works Road,  
by Park Hotel Ltd,  
Rumuola, Port Harcourt.

#### TELEPHONE NUMBER

+2348147361913

## THE INSTITUTE

The Institute is a professional financial Body designed to stimulate, energize and promote sound Accounting Education as well as high ethical standards in the accounting profession in Nigeria

The Institute was founded in 1998 and incorporated in pursuant to CAMA 1990.

### AIMS AND OBJECTIVES OF THE INSTITUTE

- (1) To provide a central organization for Company and commercial Accountants and Accounting personnel, elevate their status and procure the advancement of their interest.
- (2) To conduct examinations in Accounting, Company & partnership law, financial management, management Accounting and to Award Professional Certificates there of
- (3) To train and issue Certificates of professional practice to members

### MEMBERSHIP OF THE INSTITUTE

**GRADUATES:** These are candidates who have passed the prescribed examinations of the Institute and satisfy the Council that they are fit and proper persons to be admitted.

#### ASSOCIATES:

- (1) Those who have passed the qualifying examinations of the Institute and have acquired 18 months post-qualification experience
- (2) B.Sc/HND (Accounts/B+F/Finance/Econs/Bus Admin) from recognized University/Polytechnic
- (3) Members of similar professional bodies and holders of other qualifications as laid down by the council of the Institute

#### FELLOWS:

- Candidate for fellowship includes
- (1) Associate members who have satisfied the Council that they have been in active Accounting practice for a period of 5 years after admission as Associate members
  - (2) Those who have been in active Accounting practice for 10 years after graduation from a University/Polytechnic and/or possess Masters degree.
  - (3) Persons of eminent achievements in the practice of Accounting

**Keep this Page of the form.**





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**SECRETARIAT:** 10, Fasunlade Close, Off Suberu Oje Road, Off Abeokuta Express Road,  
Cassio Bus Stop, Alagbado, Lagos State. **TEL:** +2348033041862, +2348033813316

**Email:** iccaofnigeria1999@gmail.com, iccaofnigeria@hotmail.com.

**Website:** www.iccaofnigeria.org

**Application Form for Registered Accountant**

Affix your Passport  
Photograph  
here

**BIODATA**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Nationality: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Govt. of Origin: \_\_\_\_\_

**CONTACT DETAILS**

Contact Address: \_\_\_\_\_

Contact City: \_\_\_\_\_ Contact State: \_\_\_\_\_

Contact Country: \_\_\_\_\_ Email Address: \_\_\_\_\_

GSM Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Residential City: \_\_\_\_\_ Residential State: \_\_\_\_\_

Residential Country: \_\_\_\_\_ Residential Tel: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office City: \_\_\_\_\_ Office State: \_\_\_\_\_

Office Country: \_\_\_\_\_ Office Tel: \_\_\_\_\_

### **FIRST DEGREE**

Institution: \_\_\_\_\_

Qualification: \_\_\_\_\_ Discipline: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

### **PROFESSIONAL QUALIFICATION(S) (e.g. ACCA, CPA, etc)**

First Professional Qualification: \_\_\_\_\_ Year Qualified: \_\_\_\_\_

Second Professional Qualification: \_\_\_\_\_ Year Qualified: \_\_\_\_\_

### **WORK EXPERIENCE**

Current Job

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

### **REFERENCE (Referee must be an ICAN member)**

Referee Name: \_\_\_\_\_

Referee Membership Number: \_\_\_\_\_

Referee GSM Number(s): \_\_\_\_\_

Referee Email Address: \_\_\_\_\_