



**INSTITUTE OF CHARTERED SECRETARIES AND
ADMINISTRATORS OF NIGERIA
(Established by Act No. 19 of 1991)**

APPLICATION FORM FOR EXECUTIVE ROUTE TO ICSAN MEMBERSHIP

Please read the notes carefully before completing this form.
Please complete all sections in BLOCK CAPITALS.
Application Fee is **N30, 000(Thirty Thousand Naira)** and is **Non-refundable**. Please scan evidence of your **Non-refundable** fee to membership@icsan.org

Passport
photograph

PERSONAL DETAILS

Title: _____

Surname: _____

Other Names: _____

Date of Birth: _____

Marital Status: _____

Gender: _____

E-Mail Addresses: _____

State of Origin: _____

Contact Address: _____

State: _____

Telephone number: _____

CURRENT EMPLOYER INFORMATION

Organization: _____

Organisation Address: _____

Position in Organization: _____

Date of Appointment: _____

Number of Years spent in Current Position: _____

Nature of Business: _____

Number of Employees: _____

Outline of current job description: _____

EDUCATIONAL QUALIFICATION (HND/BSC/MSc/P.HD)

Previous employment position(s)	Position	Period:	
Employer		From	To

Outline of previous job description:

Profession and professional qualification: _____

MEMBERSHIP OF PROFESSIONAL BODIES

Do you belong to other professional bodies? _____

If yes, please give the details: _____

REFEREE'S DETAILS INFORMATION

First Referee Details

Full Name: _____

Designation: _____

Organization and Position: _____

Membership of Professional Institute: _____

Grade / Membership No. of the Professional Institute: _____

Email: _____

Phone Number: _____

Business Address: _____

Second Referee Details

Full Name: _____

Designation: _____

Organization: _____

Email: _____

Phone Number: _____

Business Address: _____

DOCUMENTS REQUIRED

Please submit your completed application form, scanned copies of your educational and professional certificates, Curriculum Vitae with uploaded passport photograph and a letter from your employer confirming your current position and job description.

PAYMENT METHOD

ICSAN Account Details: INSTITUTE OF CHARETERED SECRETARIES AND ADMINISTRATORS OF NIGERIA (ICSAN) **GTBank:** 0168087715**First Bank** 2003620643, **Access Bank:** 0016286656

Please note that only shortlisted candidates satisfying the prescribed requirements will be contacted to pay the admission fee of **N250,000** and attend the mandatory training for five days (inclusive of the induction ceremony).

APPLICANT'S SIGNATURE

I certify that the information given above is, to the best of my knowledge, accurate in all respects. I have read and accept the regulations, terms and conditions for ICSAN Executive Route and aware that any false information given by me will lead to my disqualification.

Date: _____

Signature: _____