

## APPLICATION FOR ELECTION AS A FELLOW

To: The Council of Institute of Chartered Secretaries And Administrators of Nigeria

I offer myself for election as a Fellow of The Institute of Chartered Secretaries and Administrators. I agree to pay all future fees and subscriptions for which I become liable and hereby undertake to observe and be bound by the provisions of the Charter, Bye-Laws and rules of the Institute for the time being in force.

In support of the application, I furnish the following particulars and enclose N \_\_\_\_\_  
in payment of subscriptions etc. due.(see enclosed note on "Fees Payable")

I agree to abide by the decision of the Council on this matter.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

**BLOCK CAPITALS PLEASE**

0501 Surname                      MR/MRS/MISS/MS     Initials 04

Other Names															Rank (If Any)				
0	5																		

Any diploma issued will bear the names given above, which should therefore be in full.

Honours, Decorations and Civil Distinctions, University Degrees, Etc. [as abbreviated - for address purposes only] \_\_\_\_\_

Date of Birth 

1	5				
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 Business  
Tel. No. \_\_\_\_\_ GSM No. \_\_\_\_\_

Mailing Name \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

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Home Address

[illegible]

FOR OFFICE USE ONLY

[illegible]

REGISTRATION NO.

[illegible][illegible][illegible]

Address to be used for correspondence - — HOME/BUSINESS [delete as appropriate]

[illegible]

Present Employing Organisation -(tick appropriate box)

3	9	01	Public Listed Company or Subsidiary thereof
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☐ Other Public Company

**03** Private Company

**04** Partnership or Self-employed

05 Trade Association (Including Trade Union)

**06** Statutory Corporation

**07** Nationalised Industry

08 Civil Service

09 Local Government

10 Health Service

**11** Armed Forces

**12** Charity

13 Others, Please specify \_\_\_\_\_



## STATEMENT OF APPOINTMENT

### 2 Present Appointment of Applicant

(a)	Title of appointment _____	_____
(b)	Held from _____ to _____	_____ Name of referee
(c)	Name of Organisation _____	_____
(d)	Address _____	_____ Signature of referee
(e)	Nature of its business _____	_____
(f)	Size (Number of Employees) _____	_____ Office held in the organisation
(g)	Staff under personal control _____	_____
(h)	Branch network _____	_____ Date of Signature

### 3 Earlier Appointments in the same Organisation

(a)	Title of appointment _____	_____ Name of referee
(b)	Held from _____ to _____	_____ Signature of referee
(c)	Staff under personal control _____	_____ Office held in the organisation
(d)	Grade of post ( if applicable) _____	_____ Date of Signature

(a)	Title of appointment _____	_____ Name of referee
(b)	Held from _____ to _____	_____ Signature of referee
(c)	Staff under personal control _____	_____ Office held in the organisation
(d)	Grade of post ( if applicable) _____	_____ Date of Signature

### 4 Previous Appointment(s)

(a)	Title of appointment _____	_____
(b)	Held from _____ to _____	_____ Name of referee
(c)	Name of Organisation _____	_____
(d)	Address _____	_____ Signature of referee
(e)	Nature of its business _____	_____
(f)	Size (Number of Employees) _____	_____ Office held in the organisation
(g)	Staff under personal control _____	_____ Date of Signature
(h)	Branch network _____	_____

(a)	Title of appointment _____	_____ Name of referee
(b)	Held from _____ to _____	_____ Signature of referee
(c)	Name of Organisation _____	_____
(d)	Address _____	_____ Office held in the organisation
(e)	Nature of its business _____	_____
(f)	Size (Number of Employees) _____	_____ Date of Signature
(g)	Staff under personal control _____	_____
(h)	Branch network _____	_____

\* Delete as appropriate

### FOR NOTING BY EACH REFEREE

\* The referee in each case should be the Chairman, Chief Executive or a Director where the applicant is the Secretary or equivalent and the Secretary, Senior Executive or a Director when the applicant holds some other appointment. The referee is asked to certify from personal knowledge that the information, INCLUDING the statement of status, given by the applicant in the section next to the referee's signature and designation, is correct.

\* The referee should write a separate letter on the applicant's character, integrity, conduct or misconduct, honesty/dishonesty or fraud.

## EDUCATIONAL INFORMATION

In further support of my application I furnish the following details:-

- (i) FULL-TIME further education, e.g. University or College of Education (Do not include part-time courses)

University or College	Months and Years		Degree, Diploma, Certificate obtained. (Full Title)
	From	To	

- (ii) Date of completing the Institute's examination \_\_\_\_\_

- (iii) Date of election as an Associate \_\_\_\_\_

- (iv) Other professional qualifications \_\_\_\_\_

## FORM OF RECOMMENDATION

5. We, the undersigned, having known for the period set against our names

\_\_\_\_\_ who is seeking election as a Fellow of the Institute, hereby recommend him/her from personal knowledge as a fit and proper person for such election.

Full name  
of Signatory \_\_\_\_\_  
(BLOCK CAPITALS)

Address \_\_\_\_\_  
(BLOCK CAPITALS)

Signature \_\_\_\_\_

Profession,  
Occupation \_\_\_\_\_

Period \_\_\_\_\_ Years

\*

\* Insert FCIS/ACIS and membership number,  
if a Chartered Secretary

Full name  
of Signatory \_\_\_\_\_  
(BLOCK CAPITALS)

Address \_\_\_\_\_  
(BLOCK CAPITALS)

Signature \_\_\_\_\_

Profession,  
Occupation \_\_\_\_\_

Period \_\_\_\_\_ Years

\*

\* Insert FCIS/ACIS and membership number,  
if a Chartered Secretary

\_\_\_\_\_  
Date of Signature

There must be two signatories, of whom at least one must be a Fellow of the Institute; the other should be the chairman of your state chapter or any other person of professional status (where a State Chapter does not exist). Both referees must have known the applicant for at least one year.



## PARTICIPATION IN INSTITUTE'S ACTIVITIES

Membership of State Chapter: From \_\_\_\_\_ To \_\_\_\_\_

Membership of Governing Council: From \_\_\_\_\_ To \_\_\_\_\_

### Membership of Committee:

(1) Name of Committee: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(2) Name of Committee: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Attendance at AGM: Years \_\_\_\_\_

### Attendance at Workshops:

[a] \_\_\_\_\_ Date \_\_\_\_\_

[b] \_\_\_\_\_ Date \_\_\_\_\_

[c] \_\_\_\_\_ Date] \_\_\_\_\_

### Attendance at Conferences:

[a] \_\_\_\_\_ Date \_\_\_\_\_

[b] \_\_\_\_\_ Date \_\_\_\_\_

[c] \_\_\_\_\_ Date \_\_\_\_\_

### Attendance at MCPE:

[a] \_\_\_\_\_ Date \_\_\_\_\_

[b] \_\_\_\_\_ Date \_\_\_\_\_

[c] \_\_\_\_\_ Date \_\_\_\_\_

### Attendance at Company Secretaries/Registrars' Forum

[a] \_\_\_\_\_ Date \_\_\_\_\_

[b] \_\_\_\_\_ Date \_\_\_\_\_

[c] \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

#### APPLICANT'S FINANCIAL POSITION

Outstanding dues \_\_\_\_\_

Date of payment \_\_\_\_\_ Receipt No. \_\_\_\_\_

Amount Outstanding (if any) \_\_\_\_\_

### CERTIFICATION

AR [M&CA] \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRAR/CEO \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_