



The Institute of Chartered Secretaries and Administrators of Nigeria

APPLICATION FOR ELECTION AS AN ASSOCIATE

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

* ☐ I offer myself for election as an Associate of The Institute of Chartered Secretaries and Administrators of Nigeria

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 my application, I furnish the following particulars and enclose ₦ _____ 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 _____

M0501 Surname (Block Capitals Please) _____ Initials _____
03 _____ MR/MRS/MISS/MS _____ 04 _____

Other Names (Block Capitals Please) _____ Rank (If Any) _____
05 _____

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) _____

15 _____ Date of Birth _____ Business _____
Tel. No. _____ GSM No. _____

25 _____ Mailing Name _____ E-Mail Address: _____

26 _____ Home Address _____

FOR OFFICE USE ONLY
REGISTRATION NO. _____

M0502 Present Employer _____
30 _____

Registration Number _____
(Student or Graduate) _____

Division or Branch _____

Business Address _____

33 _____ (Town)
34 _____ (Country)

Address to be used for correspondence - HOME/BUSINESS (delete as appropriate)

36 _____ Job Title _____

Present Employing Organisation - - (Tick appropriate box)

- | | | | | | |
|-------|---|--------------------------|----|------------------------------|--------------------------|
| 39 01 | Public Listed Company or Subsidiary thereof | <input type="checkbox"/> | 07 | Nationalised Industry | <input type="checkbox"/> |
| 02 | Other Public Company | <input type="checkbox"/> | 08 | Civil Service | <input type="checkbox"/> |
| 03 | Private Company | <input type="checkbox"/> | 09 | Local Government | <input type="checkbox"/> |
| 04 | Partnership or Self-employed | <input type="checkbox"/> | 10 | Health Service | <input type="checkbox"/> |
| 05 | Trade Association (Including Trade Union) | <input type="checkbox"/> | 11 | Armed Forces | <input type="checkbox"/> |
| 06 | Statutory Corporation | <input type="checkbox"/> | 12 | Charity | <input type="checkbox"/> |
| | | | 13 | Others, please specify _____ | |

STATEMENT OF APPOINTMENT

2 Present Appointment of Applicant	
(a) Title of appointment _____	_____
(b) Held from _____ to _____	_____
(c) Name of Organisation _____	Name of referee _____
(d) Address _____	_____
(e) Nature of its business _____	Signature of referee _____
(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 _____	_____
(b) Held from _____ to _____	_____
(c) Staff under personal control _____	Signature of referee _____
(d) Grade of post (if applicable) _____	Office held in the organisation _____
_____	Date of Signature _____
(a) Title of appointment _____	_____
(b) Held from _____ to _____	_____
(c) Staff under personal control _____	Signature of referee _____
(d) Grade of post (if applicable) _____	Office held in the organisation _____
_____	Date of Signature _____
4 Previous Appointment(s)	
(a) Title of appointment _____	_____
(b) Held from _____ to _____	_____
(c) Name of Organisation _____	Name of referee _____
(d) Address _____	_____
(e) Nature of its business _____	Signature of referee _____
(f) Size (Number of Employees) _____	Office held in the organisation _____
(g) Staff under personal control _____	_____
(h) Branch network _____	Date of Signature _____
(a) Title of appointment _____	_____
(b) Held from _____ to _____	_____
(c) Name of Organisation _____	Name of referee _____
(d) Address _____	Signature of referee _____
(e) Nature of its business _____	Office held in the organisation _____
(f) Size (Number of Employees) _____	_____
(g) Staff under personal control _____	Date of Signature _____
(h) Branch network _____	_____
(a) Title of appointment _____	_____
(b) Held from _____ to _____	_____
(c) Name of Organisation _____	Name of referee _____
(d) Address _____	Signature of referee _____
(e) Nature of its business _____	Office held in the organisation _____
(f) Size (Number of Employees) _____	_____
(g) Staff under personal control _____	Date of Signature _____
(h) Branch network _____	_____

FOR NOTING BY EACH REFEREE

Each referee is asked to certify from personal knowledge that the information given by the applicant in the section next to the referee's signature and designation, is correct. The referee, who should in each case be a senior officer in the

EDUCATIONAL INFORMATION

5. 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 admission as a Graduate _____

(iv) Other professional qualifications _____

FORM OF RECOMMENDATION

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

_____ who is seeking election as an Associate 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)

Profession,
Occupation _____

Address _____
(BLOCK CAPITALS)

Period _____ Years

Signature _____

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

_____ Date of Signature

Full name
of Signatory _____
(BLOCK CAPITALS)

Profession,
Occupation _____

Address _____
(BLOCK CAPITALS)

Period _____ Years

Signature _____

_____ 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 member of the Institute; the other should be the chairman of your state chapter or any other person of professional status where 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