



**The Institute of Chartered Secretaries and Administrators of Nigeria**  
(Established by Act No. 19 of 1991)

**APPLICATION FORM FOR PRACTISE LICENCE**

**1. DETAILS OF APPLICANT**

- i) Surname: .....  
(in block letters)
- ii) Other Names: .....
- iii) Former names (If applicable) .....
- iv) Postal Address: .....
- v) GSM/Phone No .....
- vi) Email Address .....
- vii) Date of Admission as a Member of the Institute: .....
- viii) Membership Number: .....

2. Membership of any other recognised Professional body to which you belong and date:  
.....  
.....

3. Have you obtained a Practising License from that body(s) named in 2 above?  
If yes, attach copy of Certificate(s)

4. Names and addresses of Practising Firms where approved training was obtained with dates:  
(a) .....  
(b) .....  
(c) .....

5. (a) Are you joining an existing practice?.....  
If yes, give detail: .....  
Name and Address:.....  
(b) Are you commencing your own practice?  
If yes, give name/s of other partner/s (if any).....  
.....  
(c) Proposed address of the Practice.....  
.....  
.....  
.....

6. If in salaried employment, state

(a) Name and address of employer.....  
.....  
.....  
.....

I hereby declare that all information supplied herein are true and correct to the best of my knowledge and belief. I undertake to conform to and abide by Rules and Regulations issued, from time to time, by the Institute.

Applicant's Signature & Date: .....

**OFFICIAL USE**

Application Fee ₦

Public Practice Group recommendation.....  
.....  
.....

Name: .....

Signature: .....

Date .....

Date of Council approval .....