



**INSTITUTE OF CHARTERED SECRETARIES AND
ADMINISTRATORS OF NIGERIA**

(Established in 1966 and Chartered by Act No. 19 of 1991)

APPLICATION FORM FOR FAST TRACK TO ICSAN MEMBERSHIP

Please read the notes carefully before completing this form.
Please complete all sections in BLOCK CAPITALS.
Application Fee is **N50, 000.00 (Fifty Thousand Naira)** and is
Non-refundable.

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 (First Degree/Post Graduate Degree)

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 (Referees MUST be financial members of the Institute)

First Referee Details

Full Name: _____

Designation: _____

Organization and Position: _____

Grade / Membership No: _____

Email: _____

Phone Number: _____

Business Address: _____

Referee's Signature: _____

Second Referee Details

Full Name: _____

Designation: _____

Organization and Position: _____

Grade / Membership No: _____

Email: _____

Phone Number: _____

Business Address: _____

Referee's Signature: _____

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 CHARTERED SECRETARIES AND ADMINISTRATORS OF NIGERIA (ICSAN) **GTBank:** 0168087715 **First Bank** 2003620643, **Access Bank:** 0016286656

Please note that only candidates who have met the prescribed requirements will be contacted to pay the admission fee and attend the mandatory five (5) days training in addition to the induction ceremony to be held thereafter.

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 Fast Track route to membership and aware that any false information given by me will lead to my disqualification.

Date: _____

Signature: _____