

# CHARTERED INSTITUTE OF MANAGEMENT ACCOUNTANTS OF NIGERIA

OUR REF: C/MA03

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## APPLICATION FOR EXAMINATIONS/EXEMPTION

Surname.....Registration No.....  
(PLEASE USE BLOCK LETTERS)

Fore Names:.....

Address:.....

Level:..... Stage/Section.....

EXAMINATION/EXEMPTION FOR THE FOLLOWING SUBJECT:-

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

I enclose Examination/Exemption Fees N.....

Signature of Applicant ..... Date:

FOR OFFICE USE:-

Council Decision.....

.....Date.....

THE FEE WILL NOT BE REFUNDED OR TRANSFERRED UNDER ANY CIRCUMSTANCES