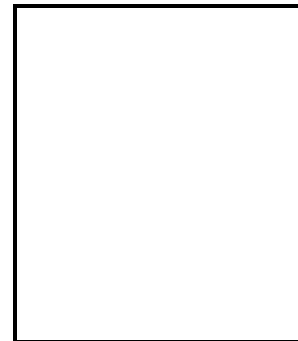




CHARTERED INSTITUTE OF MANAGEMENT ACCOUNTANTS OF NIGERIA

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P. O. Box 1074, Marina, Lagos. Tel: 08102687295



REGISTRATION FORM

Surname **Date of Birth**

Fore Names

Address

Educational Qualification: Photocopies Enclosed

Tel No: **Email:**

Business Address

Nature of Work **Position Held**

Signature **Date**

FOR OFFICE USE ONLY

<input type="text"/>
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Computer Code No _____

INSTRUCTIONS ON REGISTRATION

1. ALL APPLICATIONS MUST BE MADE ON TIME
INSTITUTE'S PRINTED FORMS AND ANY REPRODUCTION
THEREOF, WILL NOT BE ACCEPTED
2. SATISFY THE COUNCIL THAT YOU HAVE REACHED THE REQUIRED EDUCATIONAL
STANDARD.
3. HE IS BONAFIDE IN PREPARATION FOR THE EXAMINATIONS OF THE INSTITUTE.
4. STUDENTSHIP CONDITIONS MUST BE SATISFIED BEFORE
TAKING ANY OF THE INSTITUTE'S EXAMINATIONS.
5. A REGISTRATION FEE MUST ACCOMPANY THE FORM