

CHARTERED INSTITUTE OF MANAGEMENT ACCOUNTANTS OF NIGERIA

OUR REF: C/MA03



P. O. BOX 1074
MARINA, LAGOS.
TEL: 08034047308

APPLICATION FOR EXAMINATIONS/EXEMPTION

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

Other Names:.....

Address:.....

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

EXAMINATION/EXEMPTION FOR THE FOLLOWING SUBJECT: -

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

I enclose Examination/Exemption Fees ₦.....

Signature of Applicant Date:.....

FOR OFFICE USE: -

Council Decision.....

..... Date.....

THE FEE WILL NOT BE REFUNDED OR TRANSFERRED UNDER ANY CIRCUMSTANCES