

[illegible]

### **3.0 PROFESSIONAL QUALIFICATIONS**

PROFESSIONAL BODY	QUALIFICATIONS	DATE OBTAINED

### **4.0 EMPLOYMENT RECORDS**

NAME AND ADDRESS OF EMPLOYER(S)	NATURE OF BUSINESS	POSITION IN WHICH EMPLOYED	DATE OF EMPLOYMENT	
			FROM	TO

i) Place of Internship \_\_\_\_\_

ii) Period \_\_\_\_\_

iii) Name of Principal Partner/C.E.O.: \_\_\_\_\_

\_\_\_\_\_  
(Please attach evidence of internship)

## **6.0 CIA MEMBERSHIP RECORDS**

i) Associate ☐

ii) Member ☐

iii) Fellow ☐

## **7.0 INTEGRITY**

Have you ever been convicted of any criminal charge in any Court of Law in Nigeria or Overseas?

Yes ☐

No ☐

If yes, please give details

## **8.0 SUPPORTING DOCUMENTS**

- i) Copies of Educational/Professional Certificates
- ii) Evidence of Attendance of Consultancy Training
- iii) Dissertation
- iv) Internship Certificate
- v) Evidence of Attendance of COMET for 3 consecutive years
- vi) Two current Passport Photographs
- vii) Evidence of Payment of Application Fee
- viii) Evidence of up-to-date Payment of Annual Subscriptions
- ix) Evidence of Regular Attendance at AGM

## **9.0 DECLARATION**

I \_\_\_\_\_  
hereby declare that the information given in this application form is true and correct to the best of my knowledge and that any wrong information given can lead to the revocation of the Licence. I also pledge to abide by the ethics, rules and regulations of professional practice as may be set by the Institute from time to time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(Sponsors must be Full Members/Fellows of the Institute.)

I, \_\_\_\_\_  
hereby recommend \_\_\_\_\_  
for issuance of a Public Professional Practising Licence of the Institute.

Sponsor's  
Membership No

To the best of my knowledge and belief, the applicant is a suitable and proper person for the issuance of a Practising Licence and that the information provided in paragraphs 1-8 are all correct. I have seen the originals of the documents claimed in paragraphs 2,3,4,5,7 and 9 and have certified the attached as being true copies of those documents.

Name

**Business Name/Address**

Position

Signature

Date

**FOR OFFICE USE ONLY**

### **11.0 PRACTISING LICENCE COMMITTEE'S RECOMMENDATION TO COUNCIL**

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Chairman, Public Professional Practice Licence Committee

\_\_\_\_\_  
Date

### **12.0 DECISION OF THE GOVERNING COUNCIL**

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Chairman, Public Professional Practice Licence Committee

\_\_\_\_\_  
Date