

Chartered Institute of Administration

(A Professional and Examining Body Chartered by Act No. 103 of 1992 - Now Cap C7 LFN 2004)

78, Old Ojo Road, Kuje-Amuwo, Off Badagry Expressway, P.M.B. 3063, Surulere, Lagos.

2: 01-7944969, 08076983067, **Web site:** www.cia.org.ng **E-mail:** info@cia.org.ng

APPLICATION FOR PRACTISING LICENCE

MEMBERSHIP NO.	

Affix your passport here

1	Λ	DED	LAMA	PARTICUI	ADC
-	.()	PEKS	SUIVAL.	PAKIICUI	AKS

1.1	Surname		
1.2	Other Names		
1.3	Gender: Date of Birth:		
1.4	Nationality:		
1.5	Mailing Address:		
1.6	E-mail Address:		
17	Residential Address (if different from 1.5 above):		
18	Tel: Office: Residence:		
	Mobile:		

2.0 INSTITUTIONS ATTENDED WITH DATES

INSTITUTIONS	QUALIFICATIONS OBTAINED	DATE OBTAINED

3.0 PROFESSIONAL QUALIFICATIONS

PROFESSIONAL BODY	QUALIFICATIONS	DATE OBTAINED

4.0 EMPLOYMENT RECORDS

NAME AND ADDRESS OF EMPOYER(S)	NATURE OF BUSINESS	POSITION IN WHICH	DATE OF EMPLOYMENT	
		EMPLOYED	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 Associate ii) Member iii) Fellow **INTEGRITY** 7.0 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 **SUPPORTING DOCUMENTS** 8.0 Copies of Educational/Professional Certificates i) ii) Evidence of Attendance of Consultancy Training Dissertation iii) iv) Internship Certificate v) Evidence of Attendance of COMET for 3 consecutive years vi) Two current Passport Photographs Evidence of Payment of Application Fee vii) Evidence of up-to-date Payment of Annual Subscriptions viii) Evidence of Regular Attendance at AGM ix) **DECLARATION** 9.0 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 th	ne Institute.)	Sponsor's		
Ι,	Membership No			
hereby recommend				
for inssuance of a Public Professional Practising Licence of the Institute.				
To the best of my knowledge and belief, the at the issuance of a Practising Licence and that the areall correct. I have seen the originals of 2,3,4,5,7 and 9 and have certified the attached	the information provided in the documents claime	n paragraphs 1-8 d in paragrahps		
Name	Business Name/Addr	ess		
Position				
Signature				
Date				
Signature of Chairman, Public Professional Practice Licence	Committee	Date		
12.0 DECISION OF THE GOVERN	NING COUNCIL			
Signature of Chairman, Public Professional Practice Licen	nce Committee	Date		