

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 insuance of a Public Professional Practising Lience 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 Lience and that the information provided in paragraphs 1-8 are all correct. I have seen the originals of the documents claimed in paragrahps 2,3,4,5,7 and 9 and have certified the attached as being true copies of those documents.

Name	Business Name/Address
Position President/Chairman of Council	_____
Adm. (Dr.) George U. K. Chima, FCIA	_____
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