



# INSTITUTE FOR CHARTERED ENTREPRENEURSHIP CONSULTANTS OF NIGERIA (ICECN)

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## EXAMINATIONS/EXEMPTION APPLICATION FORM

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 enclosed Examination/Exemption Fees: ₦.....Teller No: .....

Signature of Applicant: .....Date: .....

### FOR OFFICE USE:-

Council Decision: .....  
.....Date: .....

Payment should be made in any of the following banks nationwide: FCMB Plc. A/C Name: ICECN. A/C No: 2949974018

THE FEE WILL NOT BE REFUNDED OR TRANSFERRED UNDER ANY CIRCUMSTANCE