



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