



INSTITUTE FOR CHARTERED ENTREPRENEURSHIP CONSULTANTS OF NIGERIA (ICECN)

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Registration Form

Passport
Photograph

Surname

Other Names

Tel No

Date of Birth

Sex

Email

Home

Address

Educational Qualification (Photocopies Enclosed)

Nature of Work

Position Held

Office Address

Signature

Date

For Office Use Only

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Instructions on Registration:

- 1 ALL APPLICATIONS MUST BE MADE ON TIME.
- 2 SATISFY THE COUNCIL THAT YOU HAVE REACHED THE REQUIRED EDUCATIONAL STANDARD.
- 3 MEMBERSHIP CONDITIONS MUST BE SATISFIED BEFORE ADMISSION.
- 4 EVIDENCE OF PAYMENT MUST ACCOMPANY THE FORM.

All payments should be made in any branch of this bank:



Account Name: ICECN
Account No: 2949974018