

CHARTERED INSTITUTE OF MANAGEMENT ACCOUNTANTS OF NIGERIA

OUR REF: C/MA03

08034047308



P. O. BOX 1074
MARINA, LAGOS.
TEL: 01 7363334,

APPLICATION FOR EXAMINATIONS/EXEMPTION

Surname.....Registration No.....
(PLEASE USE BLOCK LETTERS)

Fore Names:.....

Address:.....

Level:..... Stage/Section.....

EXAMINATION/EXEMPTION FOR THE FOLLOWING SUBJECT:-

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

I enclose Examination/Exemption Fees N.....

Signature of Applicant Date:

FOR OFFICE USE:-

Council Decision.....

.....Date.....

THE FEE WILL NOT BE REFUNDED OR TRANSFERRED UNDER ANY CIRCUMSTANCES