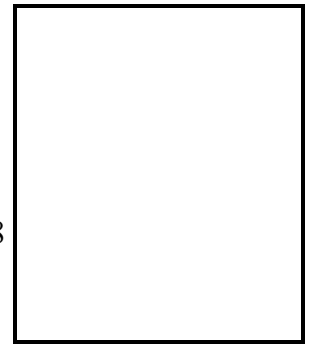




# CHARTERED INSTITUTE OF MANAGEMENT ACCOUNTANTS OF NIGERIA

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P. O. Box 1074, Marina, Lagos. Tel: 01 7363334, 08034047308



## REGISTRATION FORM

**Surname**  **Date of Birth**

**Fore Names**

**Address**

**Educational Qualification: Photocopies Enclosed**

**Tel No:**  **Email:**

**Business Address**

**Nature of Work**  **Position Held**

**Signature**  **Date**

### FOR OFFICE USE ONLY

<input type="text"/>
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**Computer Code No** \_\_\_\_\_

### INSTRUCTIONS ON REGISTRATION

1. ALL APPLICATIONS MUST BE MADE ON TIME  
INSTITUTE'S PRINTED FORMS AND ANY REPRODUCTION  
THEREOF, WILL NOT BE ACCEPTED
2. SATISFY THE COUNCIL THAT YOU HAVE REACHED THE REQUIRED EDUCATIONAL  
STANDARD.
3. HE IS BONAFIDE IN PREPARATION FOR THE EXAMINATIONS OF THE INSTITUTE.
4. STUDENTSHIP CONDITIONS MUST BE SATISFIED BEFORE  
TAKING ANY OF THE INSTITUTE'S EXAMINATIONS.
5. A REGISTRATION FEE MUST ACCOMPANY THE FORM