



The Institute of Chartered Economists of Nigeria

Formerly The Institute of Certified Economists of Nigeria

(Established under CAMA 1990)

FORM E

APPLICATION FOR EXEMPTION

FROM THE FOUNDATION AND INTERMEDIATE AND PROFESSIONAL 1 PARTS OF
THE PROFESSIONAL EXAMINATIONS

To: Chief Registrar/Secretary-General
Institute of Chartered Economists of Nigeria
31, Idimu Road, Opp. Alimosho L. G. Secretariat,
Ikotun-Lagos.
Tel: 01-8194832, 08033375753, 08028877188.
E-mail: icennig@yahoo.com, info@icennig.com.
www:icennig.org

or

National Secretariat
BZ 1&2, Sardauna Crescent,
Off Junction Road,
P. O. Box 4666,
Kaduna.
Tel: 062-249032, 08080860650.

I hereby submit the following in support of my application for exemption(s) from the Institute's Examinations.

1. SURNAME:.....MR/MRS/MISS

2. OTHER NAMES:.....

3. REGISTRATION NUMBER:..... DATE OF REGISTRATION.....

4. FULL POSTAL ADDRESS:.....
(Enclose 4 stamps of N50.00 each)

5. TELEPHONE NO(S)..... FAX NO.....

6. E-MAIL ADDRESS:.....

7. EDUCATIONAL QUALIFICATIONS

(i) Degree(s)/Diploma.....

(ii) Awarding Institution(s).....

(iii) Year(s) of Award.....

8. EXEMPTION APPLIED FOR:

(a) State the level(s).....

(b) Partial Exemption (state subject(s) for which exemption is sought).....

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9. FEES

- (i) Foundation - =N= 6,000
- (ii) Q. E. 1 Only - =N= 5,000
- (iii) Foundation and Q. E. 1 - =N= 10,000

SUBJECT BY SUBJECT (FOR PARTIAL EXEMPTION ONLY)

- Foundation (Subject by Subject) =N= 500.00 per subject
- Q. E. I (Subject by Subject) =N= 1,000.00
- Administrative Cost =N= 500.00

NOTE:

- (a) Exemption are not granted in Qualifying Examination II & III Levels
- (b) The above fees are subject to change

10. DECLARATION BY APPLICANTS:

I.....hereby declare that the information given on this form is correct and I agree to abide by the rules and regulations of the institute if my application is successful.

I ENCLOSE THE FOLLOWING NECESSARY DOCUMENTS.

- (i) Certified photocopies of Education Qualifications.
- (ii) Certified photocopies of NYSC Certificate/NYSC call up letter or students' academic Transcripts must be sent to the Registrar of the Institute.
- (iii) Evidence of payment of =N=.....as application fee.
- (iv) 4 stamps of N50.00.
- (v) A certified photocopy of Marriage Certificate, where necessary

Signature _____

Date _____

REFEREE:

SURNAME:.....

OTHER NAMES:.....

MEMBERSHIP NUMBER.....Status.....
(Fellow/Associate)*(Please affix official Rubber Stamp)*

SIGNATURE.....

FULL POSTAL ADDRESS.....

TELEPHONE NO.....FAX NO.....

E-MAIL ADDRESS:.....

(The Referee must certify photocopies of all documents with his signature, official stamp and Membership Number, Kindly note that only financial members of the Institute are eligible to endorse candidate(s) form(s).

NOTE:

- (a) Holders of Foreign higher qualifications should send their original official transcripts to the above address.
- (b) If an additional qualification has been obtained after the period of registration, a copy of such Certificate/Transcript should be sent to the above address.
- (c) Please note that all attached Certificates must be certified by a Members of the Institute with official rubber stamp.
- (d) Change of name is not allowed after Registration as a student.
- (e) Please note that transcript should be sent to the above address.

CHECK LIST

FOR OFFICIAL USE ONLY			VERIFIED BY	DATE
1.	Certified photocopies of Education Certificate(s)			
2.	Original Transcript			
3.	Evidence of Payment Receipt attached: Number..... Amount =N= Date.....		YES/NO	
4.	Official Remarks and Signature	i) Application accepted		
		ii) Application written to Correct deficiencies		
		iii) Application rejected		
		iv) Application recommended For approval		
		v) Application approved by the Council on:.....		