



I. C. E. N.

Institute of Chartered Economists of Nigeria

PROFESSIONAL EXAMINATION APPLICATION FORM

Student Reg. No.:				Affix your photograph here
Name:				
Exam Level:				
Subject(s):	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
(6)				
Mode of payment Cash/Draft				

Please confirm the information above before proceeding

EXAM Centre:		Payment Date:	
Receipt No.:		Amount Paid:	
E-Mail Address:		Tel/GSM Number:	
Postal Address:		City:	
		State:	

ATTESTATION

I, _____ hereby confirm that the above data are correct.

COMPLETED PROFESSIONAL EXAMINATION APPLICATION FORM

LEVEL:		SUBJECT(S):		
CENTRE:		(1)		
AMT. PD:		(2)		
Mode of payment Cash/Draft		(3)		
		(4)		
Receipt No.:		(5)		
		(6)		
(Attach payment teller/receipt to this form)				
REG. No.:		NAME:		
TEL/GSM:		E-MAIL:		
ADDRESS:				
(Attach Certified Copies of Credentials to this form)				
Referee		Ref. Name:		
Referee Signature:		Candidate Signature:		

Note: The underlisted items must be attach to this form on submission to the nearest ICEN Office.

1. Payment Teller (Original)
2. Photocopy of credentials/exemption certificate
3. Two recent passport size photograph
4. Four stamped, self addressed envelopes
5. Evidence of payment for Subscription and Development levy.

N.B: This application is subject to verification by ICEN