



The Institute of Chartered Economists of Nigeria

Formerly The Institute of Certified Economists of Nigeria

(Established under CAMA 1990)

Motto: Education & Industry

NATIONAL SECRETARIAT:

BZ 1&2 Sardauna Crescent,
Off Junction Road,
P. O. Box 4666,
Kaduna.
Tel: 062-249032, 08080860650, 08033882150.

ADMINISTRATIVE HEAD OFFICE:

31, Idimu Road, Opp. Alimosho L.G.
Secretariat, Ikotun-Lagos.
Tel: 01-8194832, 08033375753, 08028877188.
E-mail: icennig@yahoo.com.
Website: <http://www.icennig.org>.

ASSOCIATE EXECUTIVE CONVERSION FORM

SECTION "A"

APPLICANT'S BIO DATA

Affixed 1 recent
passport photograph

1. Surname(Block): _____ Other Names: _____
2. Place of birth: _____ Sex: Mal Femal Date of Bir: _____
3. Marital Status: Single Married Divorced Widowed
4. Local Government Area: _____
5. State of Origin: _____ Nationality: _____
6. Next of Kin: Name: _____
Address: _____
- 7a. Current Postal Address: _____
- 7b. Residential Address: _____
8. Email Address: _____ Telephone No: _____
9. Amount enclosed in words: _____
N _____ Date _____

SECTION "B"

EDUCATIONAL QUALIFICATIONS

10. Primary School Attended: _____
11. Year passed out: _____
12. Certificate obtained: _____
13. Secondary School Attended: _____
14. Year passed out: _____
15. Certificate obtained: _____
16. Higher Institution Attended: _____
17. Year of graduation: _____
18. Course offered: _____



19. Certificate obtained: _____
20. Final grade of certificate: _____
21. Second Degree (if any) _____

SECTION "C"

PROFESSIONAL QUALIFICATIONS

22. Do you belong to any professional institute like ours? N
- Yes No
- If yes, name of the institute _____
23. Your status in the institute: _____
24. Quote your membership number of the institute _____
25. Year of qualification: _____

SECTION "D"

WORKING EXPERIENCE

26. Present Nature of work: _____
27. Present Position/Rank: _____
28. Present Position Status: Management Executive
29. Present Name and Address of the organisation _____
30. Working Experience: 5 Years More than 5 Years
31. Previous Names and Addresses of organisations worked:
- i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____

32. RECOMMENDATION:

This form MUST be signed by a member of the INSTITUTE or HOD's of Universities/or Polytechnics/or Colleges of Education/or Senior Manager or Director of a reputable establishment.

I, (Mr, Mrs, Chief, Dr, Prof): _____



Position: _____

Address (Not P.O. Box): _____

Strongly Recommend: _____

As a man of integrity, to your institute for admission into the Associate membership status.

Signature: _____

Date: _____

Official Stamp

SECTION "E"

MISCELLANEOUS INFORMATION

33. Why do you want to join the institute? _____

34. How faithful would you be if admitted as member? _____

35. Would you pay up your annual subscription at the appointed period? _____

SECTION "F"

DECLARATION

36. I _____

solemnly declared that all the information given by me in this application form are true and correct, that the institute has a constitutional right to verify from the corresponding authority regarding the authenticity of the attached certificates or qualifications claimed by me, that, I will by all means abide by the constitutional BYE-LAWS establishing the institute to maintain and to keep to the professional ethics, integrity and competence of "The Chartered Economists".

Signature: _____

Date: _____

FOR OFFICE USE ONLY

VERIFICATION UNIT:

Certificates Verified by: _____

Date of verification: _____

Recommendation: _____



N

FINAL APPROVAL

Director General/Chief Executive 1 _____ Date _____
Chief Registrar General 2 _____ Date _____
President 3 _____ Date _____

ACE NO: _____

Requirements

1. Photocopy Receipt of purchase.
2. Birth Certificate.
3. Submit this form at the centre of purchase.
4. Attach all photocopies of your credentials.
5. Four stamps of N50.00 each.

Fees Once Paid, Not Refundable.

Affixed 1 recent
passport photograph

MEMBERSHIP IDENTITY CARD INFORMATION

Dear Member,

Kindly fill the attached form (but do not detach) to enable us process your membership identity card. All completed forms must be accompanied by your Passport photograph.

SURNAME _____

OTHER NAMES _____

REGISTRATION NUMBER _____ (Please do not fill)

SIGNATURE _____

Yours faithfully,

Peter Ikpamejo, FCE
Chief Registrar/Secretary-General