



# INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

(Established by Act of Parliament No. 15 of 1965)

## COMPLETED AAT MEMBERSHIP APPLICATION FORM

**PIN: 811811396645**

**Nationality : Nigeria**

**Student Registration Number :**

**State of Origin : Ogun State**

**AT/116392**

**Local Govt. of Origin : Abeokuta**

**Surname: BAJEGBO**

**South**

**First Name: OLAWALE**

**Middle Name: AHMED**

**Amount Paid : 24500.00**

**Sex: M**

**Marital Status: S**

**Date of Birth (DD/MM/YYYY) :**

**03/07/1997**



**Email Address : bajegboahmed700@gmail.com**

**GSM Number : 08053868703**

**Contact Address**

**Contact City**

**Contact State**

**Contact Country**

**1, Cole street, Lagos Island.**

**Lagos**

**Lagos State**

**Nigeria**

**Residential Address**

**Residential City**

**Residential State**

**Residential Country**

**Residential Telephone**

**1, Cole street, Lagos Island**

**Lagos**

**Lagos State**

**Nigeria**

**07060975170**

**Office Address**

**Office City**

**Office State**

**Office Country**

**Office Telephone**

**School**

**Year of Graduation**

**College**

**Year of Graduation**

**Institution**

**Qualification**

**Discipline**

**Year of Graduation**

**226**

**B.SC**

**Business admin**

**2019**



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## COMPLETED AAT MEMBERSHIP APPLICATION FORM

<b>Institution</b>	<b>Qualification</b>	<b>Discipline</b>	<b>Year of Graduation</b>	<b>ICAN Qual. Exam No. / Year</b>
				ATS/20201/300169/A 2020
<b>Company Name</b>	<b>Department</b>	<b>Position</b>	<b>Start Date</b>	<b>Sector</b>
<b>Company Name</b>	<b>Department</b>	<b>Position</b>	<b>Start Date</b>	<b>End Date</b>
Sponsor/Referee District:			Candidate's Signature & Date: _____	
<b>Referee 1 Name</b>	<b>Referee 1 Membership Number</b>	<b>Referee 1 GSM Number</b>	<b>Referee 1 Signature &amp; Date</b>	
			_____	
<b>Referee 2 Name</b>	<b>Referee 2 Membership Number</b>	<b>Referee 2 GSM Number</b>	<b>Referee 2 Signature &amp; Date</b>	
			_____	

You have completed the online application process.

Print out this form, attach the underlisted items, and submit to the nearest ICAN/Liaison office or District Society.

1. Payment Teller
2. Photocopy of credentials
3. One recent passport size photograph
4. Original letters of confirmation/Attestation from present/previous employers (The letter(s) of Attestation should be signed by a partner (for those in practising firms) or by a financial member of ICAN (for those in Commerce, Industry and Government parastatals) The letter must state the duration of employment.
5. Evidence of payment for Subscription and Development levy.
6. Certified photocopies of ATS Examination Result Slips (PART I to Final Level).
7. Certified copy of ATS Student's registration certificate.

**N.B: This application is subject to verification by ICAN**