

ASSOCIATION OF COST AND MANAGEMENT ACCOUNTANTS

NATIONAL HEADQUARTERS:

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(Professional Association)
 REGISTERED UNDER CAMA 1 OF 1990



STUDENT REGISTRATION FORM

SURNAME:..... OTHER NAMES:.....
 DATE OF BIRTH:..... PLACE OF BIRTH..... SEX:.....
 STATE OF ORIGIN:..... LGA:..... NATIONALITY:.....
 POSTAL ADDRESS:.....
 CURRENT PHONE NO:..... E-MAIL ADDRESS:.....

EDUCATIONAL QUALIFICATIONS WITH DATES: (Attach Photocopies of Certificates)

DATE		NAMES OF SCHOOL/UNIVERSITY	CERTIFICATES OBTAINED	YEAR
FROM	TO			

PROFESSIONAL QUALIFICATIONS:.....
 CURRENT EMPLOYER:.....
 POST:..... NATURE OF WORK:.....

DECLARATION BY APPLICANT:

I hereby declare that the information given in this form is correct. I also agree to abide by the rules and regulations of the institute. And that in any case in future it is discovered that the information given above is false will lead to cancellation of my studentship or membership of the institute.

.....
Signature of Applicant **Date**

RECOMMEND BY:.....
 ADDRESS:.....
 DESIGNATION:..... SIGNATURE:..... DATE:.....

FOR OFFICIAL USE ONLY

Amount Paid:.....	Registration No:.....
Approved/Reject:.....	Signature:.....
Comment:.....	Dated:.....

Note: Enclose four (4) stamped self – addressed official envelopes