



Institute of Chartered Accountants of Nigeria

ICAN-ATS STUDY CENTRE

P.M.B. 230, Ede, Osun State, Nigeria.



Redeemer's University
Directorate of Educational Services and Training

APPLICATION FORM

_____		Affix Passport Photograph
Surname		
_____	_____	
First Name	Other Names	
Residential Address: _____		

Phone: _____ E-Mail Address: _____

Date of Birth: _____ State of Origin: _____ Nationality: _____

Academic Qualification(s): _____ Religion: _____

Name & Address of Your School (If Student): _____

Name & Address of Employer (If Worker): _____

Programme: _____ ICAN Reg. No. _____

Diet/Level: _____

Subjects Registered: (i) _____ (ii) _____

(iii) _____ (iv) _____

Amount paid to run study centre for coaching (Attach Receipt): _____

Would you be willing to abide by all our rules and regulations? _____ If Yes, Sign _____

Marital Status: Married Single Widowed/(Er) Divorced Single Parent

Name & Address of Next of Kin _____

_____ Phone _____

Guarantor/Guardians'

Name: _____

Address: _____

_____ Phone: _____

(Official Use Only) Director's Remark _____

Please return completed form in triplicate