



THE INSTITUTE OF CLASSIC ENTREPRENEURSHIP OF NIGERIA (ICENT) (NIGERIAN CONSORTIUM FOR ENTREPRENEURSHIP EDUCATION)

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...turning your ideas into viable businesses
(Established by Companies and Allied Matters Act, Cap. C20, Ifn, 2004 and Approved by
the Federal Ministry of Education as a Professional Institute)

MEMBERSHIP APPLICATION

Completed application form should be sent to the Registrar/Chief Executive
Last Floor, 172 Ikpoba Slope, By 3rd Junction, M.M. Way, Benin City, Edo State, Nigeria
Tel.: +2348073556701 Web: www.charteredentrepreneurs.com
E-mail: registrar@charteredentrepreneurs.com, info@charteredentrepreneurs.com

A. PERSONAL INFORMATION

Full Name (Surname): _____
Date of Birth: _____ Sex: _____ State of Origin/LGA: _____
Contact Address: _____
Telephone: _____ E-Mail: _____

B. EDUCATIONAL INSTITUTION ATTENDED/ACADMIC QUALIFICATIONS WITH DATES

1. _____
2. _____
3. _____
4. _____

C. PROFESSIONAL QUALIFICATIONS:

1. _____
2. _____
3. _____

D. EMPLOYMENT HISTORY (Including Post Held)

1. _____
2. _____
3. _____

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E. FOR EXISTING ENTREPRENEURS

Name of Business/Firm: _____ Nature of Business: _____

Address/Location: _____

F. CATEGORY OF MEMBERSHIP (Please tick)

1. Young Entrepreneur [] 2. Student [] 3. Graduate [] 4. Associate []
5. Full [] 6. Affiliate [] 7. Corporate [] 8. Fellow [] 9. Honourary []

G. VOCATIONAL TRAINING DESIRED

Optional _____

H. CHECKLIST (Please tick)

1. Completed Application Form 2. CV 3. Copies of Credentials
4. 2 Recent Passport Photographs 5. Bank Draft of Original Deposit Slip

I. REFEREES (Must be signed by a Member of any professional body, an MD of Company or Civil Servant of GL 12 and above).

1. Full Name: _____

Office Address: _____

Designation: _____ Telephone: _____

Sign/Date: _____

2. Full Name: _____

Office Address: _____

Designation: _____ Telephone: _____

Sign/Date: _____

DECLARATION

I affirm that the information provided above is true and that I should be held liable if any of the information is found incorrect or misleading.

Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Recommendation

Name: _____

Signature: _____ Date: _____

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