



# INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA (ICCON)

(Established by ICCON Act CAP. I12 LFN 2004)

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**Head QTRS:** 3<sup>rd</sup> Floor, Room 3A 3.30 Federal Secretariat, Phase 1, Abuja

**Lagos Office:** 443, Herbert Macaulay Way, Yaba

P.M.B. 2057, Sabo, Yaba, Lagos

**Tel:** 234-9052219384, 234-7088809600

**E-Mail:** [registrar@iccon.gov.ng](mailto:registrar@iccon.gov.ng); [iccon.membership@iccon.gov.ng](mailto:iccon.membership@iccon.gov.ng)

**Website:** [www.iccon.gov.ng](http://www.iccon.gov.ng);

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## Information

Application form is to be completed in block letters or typewritten and returned to the Registrar. Claims by applicants may be investigated. All information would be treated with confidentiality.

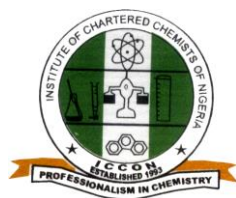
## Submission Checklist

Application form should be returned with the following:

- a. Two recent Passport photographs
- b. Copies of Academic and Professional Certificates
- c. NYSC discharge Certificate/ Exemption letter
- d. Photocopy of evidence of payment
- e. Referees' reports in confidential cover
- f. Detailed Curriculum vitae to include the following information:
  - i. Institutions attended and qualifications obtained with dates
  - ii. Professional courses attended in the last five (5) years with dates
  - iii. Detailed work experience with names of organizations and dates
  - iv. Present appointment (Job Title) with date.

## Application Fee

A non-refundable Membership Application / Processing fee of **Five thousand naira (₦5, 000) only** is payable to the Institute of Chartered Chemists of Nigeria (ICCON) TSA/CRF Account by *logging on to [www.remita.net](http://www.remita.net), clicking on "pay a Fed. Govt. Agency", choosing "Institute of Chartered Chemists Of Nigeria", and stating the purpose of payment, to generate Remita Retrieval Reference (RRR) number that can be taken to any bank to make payment.*



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**Website:** [www.iccon.org.ng](http://www.iccon.org.ng)

### MEMBERSHIP APPLICATION FORM

*Affix two  
recent passport  
photographs*

#### (A) Personal Data

(i) Title: Prof.  Dr.  Mr.  Mrs.  Ms.  Miss

(ii) Name:    
*Surname* *Other names*

(iii) Date of Birth

(iv) Sex: male  female  (v) Marital Status: Single  married  others   
*(please specify)*

(vi) Place of Origin:     
*Local Government Area (if Nigerian)* *State of Origin* *Country*

(vii) Home Address:

*Please provide your full Address (NOT POST OFFICE BOX NUMBER)*



**(D) Membership of Professional Association**

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**(E) Other Information**

(i) Nationality

(ii) TIN No

(iii) National ID No

(iv) Driver's Licence

(v) Voter's ID

(vi) International  
Passport

*(Please state Issuing Authority, Date of issue & Expiration Date, where applicable)*

**(F) Referees**

Names, Membership Numbers and addresses of two referees who must be members of ICCON.  
Contact (Phone Numbers/E-mail)

a.-----  
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b.-----  
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(G) **Payment Details**

Please provide details of application fee paid. Evidence of payment must be attached to this form.

*Bank Name/Branch*

*RRR / Receipt Number*

*Amount Paid*

(H) **Declaration**

I, Prof. /Dr./Mr./Mrs./Miss./Ms. \_\_\_\_\_  
do hereby declare that the information provided above is to the best of my knowledge, correct.

*Applicant's Signature*

*Date*

**OFFICIAL USE ONLY**

**Name (Surname First)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Remark:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**ICCON Registration No:** \_\_\_\_\_

**Payment Receipt No:** \_\_\_\_\_

**Name & Signature of Receiving Officer:** \_\_\_\_\_

\_\_\_\_\_  
**Registrar/CEO**

\_\_\_\_\_  
**Date**