



INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA (ICCON)

[Established by Decree 91 of 1993 (ICCON Act Cap I.12 LFN 2004)]

HEAD OFFICE:

Rm3A 3.30, 3rd Floor, Annex A
Federal Secretariat Complex, Phase 1
Shehu Shagari Way
CBD, Abuja.
Tel: 09052219384, 08079379002
E-mail: registrar@iccon.gov.ng, iccon.membership@iccon.gov.ng
Website: www.iccon.gov.ng

LAGOS ZONAL OFFICE:

No. 443 Herbert Macaulay Street
(Former W. H. O. Building)
Yaba
P. M. B. 2057, Sabo-Yaba
Lagos.

CORPORATE MEMBERSHIP APPLICATION FORM

(To be completed in block letters and returned to the Registrar)

1. (a) Name of Organization

.....

(b) Address

.....

.....

(c)(i) Telephone number(s).....

(ii) E-mail address (es).....

(iv) Website

2. (a) Year of Incorporation / RC Number

One recent
passport
photograph of
current MD/CEO

(b) Name of Chief Executive / Contact Officer

(c) (i) Phone / GSM Nos. of CEO

(c) (ii) E-mail address of CEO

(d)(i) Staff strength (ii) Number of branches

.....

(e) Number of Chemists in the employment of the organization

3. Names and Qualifications of Chemists working in the Organization

(a)

(b)

(c)

(d)

(e)

4. Give a summary of the activities of your Organization (in addition, it is advisable to attach a corporate profile, where available)

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.....

.....

5. Is your organization affiliated to any other body (ies) - either locally or internationally? If yes, please state the name (s) and address (es) of the said body (ies)

.....

.....

.....

6. Names and addresses of two Referees who should be ICCON members (At least one of them must be a Fellow of the Institute).

(i) Name:
Address:
.....
Membership / Professional Status

(ii) Name:
Address:
.....
Membership / Professional Status

SUBMISSION CHECKLIST

Application forms should be returned with the following:

- ❖ A copy of the organization's Certificate of Incorporation
- ❖ Profile of the organization
- ❖ One recent passport photographs of the CEO / Contact person
- ❖ A copy of appointment letter of each of the organization's technical personnel who must be chemists
- ❖ A copy of evidence of payment (remita receipt)

(Please note that, after the purchase of the Application Form, the Registration Fee is to be paid after the application has been processed and approved, the approval of which will be communicated to the organization concerned.)

7. Payment Details

Please provide details of payment of Application Fee. Evidence of payment must be attached to this form.

Name of Bank / Branch

Receipt / RRR Number

Amount Paid

8. Details of the Organization’s chemists who serve as technical Officers:

- (i) (a) Full Name
- (b) Email Address.....
- (c) Phone Number(s)
- (d) Date of Present Appointment.....
- (e) Signature / Date

- (ii) (a) Full Name
- (b) Email Address.....
- (c) Phone Number(s)
- (d) Date of Present Appointment.....
- (e) Signature / Date

- (iii) (a) Full Name
- (b) Email Address.....
- (c) Phone Number(s)
- (d) Date of Present Appointment.....
- (e) Signature / Date

(NB Please add more names, where applicable).

9. Declaration:

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

Signature of the Organization's CEO

Date

IMPORTANT NOTE TO APPLICANTS

The Institute reserves the right to revoke certificates issued to applicants, if it is discovered at any point that applicants have supplied false or incomplete information in their entries.

FOR OFFICE USE ONLY

Form No.

Name of organization:.....

Address:.....

.....

Date Received:

Remarks (if any):

.....

Payment Receipt No. / Date of payment:

Date approved:.....

ICCON Registration No:.....

Name & Signature of Receiving Officer:.....

Registrar / CEO

Date



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CORPORATE MEMBERSHIP APPLICATION FORM

REFEREE'S REPORT

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. FOR HOW LONG HAVE YOU KNOWN THE ORGANIZATION? _____

4. IN WHAT CAPACITY?

a) OFFICIAL

b) STAFF

c) PROFESSIONAL

5. GIVE YOUR ASSESSMENT OF THE ORGANIZATION'S SUITABILITY FOR APPOINTMENT AS A CORPORATE MEMBER OF THE INSTITUTE:

6. SIGNATURE OF REFEREE: _____

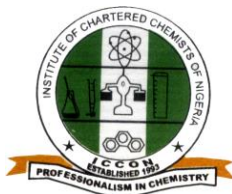
7. NAME OF REFEREE: _____

8. ADDRESS OF REFEREE: _____

9. PROFESSIONAL STATUS: _____

10. ICCON NUMBER/ YEAR OF INDUCTION: _____

➤ *Referee must be a member of the Institute and financially up to date.*



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