

**MEMBERSHIP APPLICATION FORM
INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA**

REFEREE'S REPORT

NAME OF CANDIDATE: _____

ADDRESS: _____

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

4. IN WHAT CAPACITY?

a) PERSONAL

b) OFFICIAL

c) STUDENT

d) PROFESSIONAL

(please tick appropriately)

5. GIVE YOUR ASSESSMENT OF THE APPLICANT'S SUITABILITY FOR ADMISSION AS A MEMBER OF THE INSTITUTE:

6. NAME OF REFEREE: _____

7. ADDRESS OF REFEREE: _____

8. MEMBERSHIP NO: _____

9. PROFESSIONAL STATUS: _____

10. SIGNATURE OF REFEREE: _____

Referee must be a member of Institute of Chartered Chemists of Nigeria (ICCON)

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