THE INSTITUTE OF CHARTERED ECONOMISTS - GHANA
(Registered Professional Body No. PB-57)

P.O. Box 20127, Accra, Ghana Tel: 0302-304722/0553734129

Email: icegghana@gmail.com Website: www.iceghana.org

SCHOLARSHIP EXAMINATION REGISTRATION FORM

To The Registrar

I hereby register for examination as follows:

	Foundation Level	Intermediate Level
SUBJECTS	.....	.....
	.....	.....
	.....	.....
	.....	....
	.....	....

	Professional Level I	Professional Level I
SUBJECTS	.....	.....
	.....	.....
	.....	.....
	.....	....
	.....	.....

1. **Surname:.....Other Names:.....**
Surname and other names in FULL and in Block letters

2. **Address:**.....

3. **Tel:**..... **E-mail:**.....

4. **Nationality:**.....

5. **Examination Period: May/June or November/December Year:** .....

Signature:..... **Date:**.....

- Examination fee of **GHS100.00** must accompany this Application form

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- Remittance to be made payable to the Institute of Chartered Economists of Ghana

Note: Kindly apply with proof of your 1st Class records and note that the scheme terminates if you fail a paper. Thank you.