

WEST AFRICAN COLLEGE OF PHYSICIANS



CERTIFICATE RELEASE FORM/ CERTIFICATION

NAME:..... FACULTY.....

Kindly tick below all documents that you have included:

EXAMINATIONS OFFICE

- FELLOWSHIP
- MEMBERSHIP
- CERTIFICATION
- Evidence of having passed Membership Examination
- Evidence of having passed Fellowship Examination

Checked by Chief Admin. Officer (Exam)

Name

Signature.....

Date.....

ACCOUNTS OFFICE

- Evidence of Membership Payments (N102,000 or \$270) on a separate GTB Teller A/c No 0028724808(Account Name: WACP)
- Evidence of Fellowship Payments (N144,400.00 or \$380) on a separate GTB Teller A/c No 0028724808(Account Name: WACP)
- Evidence of Annual Dues (N30, 400.00) or \$80 yearly from time of passing membership examination on separate GTB Teller A/c no. 0000528491, Account Name: WACP (Nigeria Chapter)
- Evidence of Annual Dues (N57, 000.00), or \$150 yearly from time of passing Fellowship examination on separate GTB Teller A/c no. 0000528491, Account Name: WACP (Nigeria Chapter)
- Evidence of payment of non-attendance of AGSM (N76,000.00 or \$200 into GTB account Number 0028724808(Account Name: WACP)

Checked by Principal Executive Officer (Accounts)

Name

Signature.....

Date.....

ADMINISTRATION'S OFFICE

Candidate's Tel:..... E-mail..... Signature.

Date.....

Collection of Certificate by Proxy

- o Letter of Authorization
- o Copy of Identity Card of Proxy

Photocopy of Identity Card of Certificate's Owner

Name and Signature/Date of the Third Party.....

Checked by Chief Admin.Officer (Admin)

Name

Signature.....

Date.....

Issuing Officer's Name

Signature.....

Date.....