



## 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
- A Photo passport of 200 by 200-pixel.

CHECKED BY ADMINISTRATION OFFICER I (EXAM)

Name .....

Signature.....

Date.....

**ACCOUNTS OFFICE**

- Evidence of Membership Payments (N124,200 or \$270) *Online Payment via College website*
- Evidence of Fellowship Payments (N174,800 or \$380) *Online Payment via College website*
- Evidence of Annual Dues (N36,800.00) 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 (N69,000.00) 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 (N92,000.00 or \$200) *Online Payment via College website*
- Evidence of Building Fund Payments. A one-off payment of (N460,000 or \$1000) or a minimum payment of (N92,000 or \$200) *yearly*

Checked by Assistant Chief Executive Officer (Accounts)

Name .....

Signature.....

Date.....

**ADMINISTRATION'S OFFICE**

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

Collection of Certificate by Proxy  
• Letter of Authorization  
• Copy of Identity Card of Proxy

Photocopy of Identity Card of Certificate's Owner

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

**CHECKED BY HEAD OF ADMINISTRATION**

Name .....

Signature.....

Date.....

Issuing Officer's Name .....

Signature.....

Date.....