



ASSOCIATION OF CHANDLERS AND SHIP SUPPLIERS OF NIGERIA

NATIONAL SECRETARIAT: 44/46 CALCUTTA CRESCENT, APAPA, LAGOS

TEL: +2349058906019, +2348138009681

E-mail: ngnchangers@gmail.com, ngnchangers2@yahoo.com

MEMBERSHIP APPLICATION FORM

SECTION A

1. Company Name: -----
2. Head Office Address: -----
3. Postal Address: -----
Telephone No: -----
E-mail Address: -----
Website: -----
4. Nigeria Customs Service Ship Chandler License *Ref No* _____

SECTION B

- A. Number of Employees: -----
- B. Year of Commencement of Business: -----
- C. Principal / Contact Person: -----
- D. Name: -----
- E. Address: -----
- F. GSM No: ----- E – mail -----

SECTION C

PERSONAL INFORMATION OF ORIGINAL PROMOTER OF THE CUSTOMS SHIP CHANDLING LICENSE.

Full Name of Sponsor: _____ Title: _____

Membership Number: _____ Phone: _____

GSM No: _____ Email _____

Mailing Address: _____

Town: _____ State: _____

SECTION D

A. OTHER DIRECTORS

NAMES	TELEPHONE	EMAIL

B. KEY STAFF

NAMES	TELEPHONE	EMAIL

SECTION E

SUGGESTIONS FOR GROWTH OF THE ASSOCIATION

CONFIRMATION

I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief.

I understand that a false declaration on this form may lead to disciplinary action being taken against me and/or may invalidate any decision related to this application. I confirm that I have read, and undertake to comply with the attached conditions for membership and the constitution of the Association.

Signature: _____ Date: _____

CONFIRMATION BY TWO (2) BOT MEMBERS

I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief after making all reasonable enquiries

1. Name: _____

Signature: _____ Date: _____

2. Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

- 1. The National Financial Secretary hereby confirmed that required payment has been made by the Applicant

ADEMOLA OGUNDARE
National Financial Secretary

- 2. The National President hereby confirmed membership of the Applicant

VICKSON AGHANENU
National President

GUIDELINES FOR NEW MEMBERS

- i) Membership should be original promoter of the Customs Ship Chandelling License and he/she shall be the person that sworn to the affidavit of good behavior in the court of law in fulfillment of the issuance of the license
- ii) Must have been introduced or sponsored by at least two current Trustees of the Association.
- iii) Must have paid a non-refundable application fee of =N=10,000.00 to our bank account **(stated below)**
- iv) Must have paid a registration (yearly subscription) fee of =N=20,000 payable in full in one installment to our bank account **(stated below)**

The applicant must attach the following documents:

- i) Passport photograph of all principal officers of the company
- ii) Photocopy of company's certificate of registration or incorporation(Original for sighting)
- iii) Photocopy of Nigeria Customs License (original for sighting)
- iv) Copy of Sworn Affidavit submitted to Nigerian Customs Service at the time of processing license
- v) Photocopy of proof of Address i.e the utility Bill which must tally with the office address (original for sighting)

BANK DETAILS:

BANK: FIDELITY BANK PLC
ACCOUNT NAME: ASSOCIATION OF CHANDLERS AND SHIP SUPPLIERS OF NIGERIA
ACCOUNT NO: 5620078175

PLEASE SUBMIT YOUR COMPETED MEMBERSHIP REGISTRATION FORM WITH EVIDENCE OF =N=30,000 BANK PAYMENT TO MR. ADEMOLA - NES SHIPPING LIMITED, 60, CALCUTTA CRESCENT, BESIDE KINGSTINE JO FOODS, APAPA. 08023190919