

MEMBERSHIP APPLICATION ASSOCIATION OF PROMOTIONAL PRODUCTS SPECIALISTS OF NIGERIA (APPSON)

APPLICANT INFORMATION

Name of Company:

Address of Registered Office:

Address for Correspondence:

P.O. Box (if available):

E-mail:

TYPE OF REGISTRATION (Tick as applicable):

1. Public Limited Company <input type="checkbox"/>	2. Limited Liability Company <input type="checkbox"/>
3. Personal Enterprise <input type="checkbox"/>	4. Partnership <input type="checkbox"/>

Year of Registration:

Year of Commencement of Business:

Main Business Activities:

Other Business Interests:

Particulars of Directors:

Name:

Designation/Nationality:

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.....
.....
.....

Name of Contact Person/Company Rep:

Tel/Mobile:

E-mail:

Name:

No. of employees:

No. of branches:

Name of Recommender:

Name of Company:

Address of Company:

Tel/Mobile:

MEMBERSHIP APPLICATION
ASSOCIATION OF PROMOTIONAL PRODUCTS SPECIALISTS OF NIGERIA
(APPSON)

DECLARATION

We declare that all information given on this form is correct. We also declare that if admitted into Association of Promotional Products Specialists of Nigeria, we shall be bound by the byelaws and conventions without exception. We shall pay all the relevant dues in force.

Name..... Designation Signature

Date.....

For Office Use Only

Date Application Received

Document Attached (1)

(2).....

(3).....

(4).....

Status (Tick as applicable) :

Pending

Not Approved

Approved

Remarks

Authorized Signatory:

Authorized Signatory

Name

Name

Sign/Date

Sign/Date

This form must be returned with:

1. Passport of the M.D./C.E.O. of the Company.
2. Copy of Certificate of Registration
3. Copy of Memo and Articles of Association (where available)