



MEMBERSHIP FORM (CORPORATE MEMBERSHIP)

1. NAME OF INSTITUTION:-----

2. REGISTERED ADDRESS : -----

3. (i) ARE YOU ACTIVELY ENGAGED IN RISK MANAGEMENT? YES NO

(ii) IF NO IN (i) STATE YOUR BUSINESS FOCUS-----

4. NAMES OF AUTHORISED REPRESENTATIVES:

POSITION	NAME	TEL (MOBILE)	E- MAIL
i. Executive Director			
ii. GM / DGM			
iii. AGM / Others			

NOTE:

- We recommend that representatives **must** be from risk management department.
- There will be contact channels of communication between the association and member institutions.

5. MEMBERSHIP APPLICATION APPROVED BY:

MANAGING DIRECTOR

DATE

MEMBERSHIP WILL BE GOVERNED BY SECTIONS 6,7 AND 8 OF THE CONSTITUTION OF THE
CREDIT RISK MANAGERS ASSOCIATION.

REGISTRATION FEE: #50,000

ANNUAL DUES: SEE NEXT PAGE

OFFICE USE ONLY

- QUALIFIED FOR MEMBERSHIP
- DATE OF ADMISSION



DIRECTORY OF RISK MANAGEMENT STAFF

NAME OF INSTITUTION: ----- CHAPTER -----

ADDRESS: -----

s/n	NAME	(MOBILE)	E- MAIL	POSITION

*** IMPORTANT:** Please advise changes immediately.

CORPORATE ANNUAL DUES:

Banks / Insurance Companies	=N=250,000
Discount Houses / Pension Firms	=N=150,000
Mortgage Banks	=N=50,000
Finance Houses	=N=30,000
Micro Finance Institutions	=N=25,000
Service Providers / others	=N=100,000