

MEMBERSHIP REGISTRATION FORM

Name of Company: _____

Date of Incorporation: _____ RC No: _____

Registered office Address: _____

Present Address: _____

CBN License/Approval - in - Principal: _____

License No: _____ Date of issue: _____

Authorized Share Capital: _____

Issued and Fully Paid Capita: _____

Types of Business (please list all the business) e.g. License, LPO Finance, etc.

Staff Structure:

Total No of Staff: _____ Management: _____

Middle Management: _____ Junior Staff: _____

Particulars of Principal Officers of the Organization:

NAMES	QUALIFICATION	YEARS OF EXPERIENCE	DESIGNATION

Particulars of Directors/Partners:

NAMES	QUALIFICATIONS	SHAREHOLDING STRUCTURE

Auditors (Name and address): _____

Have you or your association/affiliate or subsidiary companies ever been denied registration or expelled from the membership of any professional/trade association or body related to your line of business such as CIBN, NIA, ELAN, etc or your operating licence withheld, suspended withdrawn or cancelled by any government regulatory agency such as CBN, SEC, NSE, NAICOM etc.

If yes, please state concisely the reasons/circumstances of the case:

Have you operated or carried on business under any name other than the name in this application?

If yes, please state the name:

Undertaking:

We firmly and solemnly declare that if registered as a member of FHAN, we undertake to abide by the constitution of the association, uphold its code of conduct/practice, abide by the operational guidelines as may, from time to time, be issued by the Association and to advance