



# Chartered Institute of Loan & Risk Management of Nigeria

(Established by Act of Parliament of the Federal Republic of Nigeria Gazetted Bill No. SB 220 Vol. 9 of November, 2012)

**CORPORATE MEMBERSHIP FORM**  
Professional Practising Licence for Consultants and as  
Certified Loan & Risk Management Practitioners

1. NAME OF ORGANIZATION

2. ADDRESS OF ORGANIZATION

3. NAMES OF DIRECTORS

i.

ii.

iii.

iv.

v.

4. TELEPHONE NUMBER(S)

5. DATE ESTABLISHED

6. WEBSITE/E-MAIL

7. THIS APPLICATION IS FOR LICENSE AS: (Please Tick)

Loan & Risk Management Consultant

Loan & Risk

8. ACADEMIC QUALIFICATIONS OF DIRECTORS (Please attach a current CV and COPIES of Certificate Obtained)

NAME OF INSTITUTION	CITY/COUNTRY	YEAR ATTENDED		QUALIFICATION OBTAINED	FIELD OF STUDY
		FROM	TO		

9. DECLARATION

I, ..... declare that the Information given herein is correct to the best of my Knowledge and believe. I agree to be governed by the provisions of the Chartered Institute of Loan & Risk Management of Nigeria Established by Act of Parliament Gazetted Bill No. SB 220 Vol. 9 of November, 2012 and other Bye-laws of the Chartered Institute of Loan & Risk Management of Nigeria as they now exist and as may be amended.

.....  
Signature

.....  
Date

**SECTION B**

In support of your application please submit a copy of your Certificate of Incorporation ad Memorandum of Association

For Official Use Only			
Date Received		Receipt Number	
Name of Officer		Signature and Date	
License Number			
Official Remarks			

NOTE: Please return the complete Application Form to:

**The Registrar/Chief Executive**  
Chartered Institute of Loan & Risk Management of Nigeria  
190/192, Ikorodu Rd, By First Bank Plc,  
Palmgrove, Lagos, Nigeria.  
Tel: 01-8511037, 08033762820