



CERTIFIED INSTITUTE OF AUCTIONEERS, NIGERIA

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APPLICATION FOR CORPORATE MEMBERSHIP

Answer all applicable questions in full and indicate answer in the appropriate block.

1.1 COMPANY NAME:

_____ *please attach photocopy*

REGISTRATION NUMBER:

VAT NUMBER:

LIST OF DIRECTORS:

_____ *please attach photocopies of form CO2/CO7 etc*

BUSINESS ADDRESS:

WEBSITE ADDRESS:

1.2

E-MAIL ADDRESS:

TELEPHONE:

a

COMPANY REPRESENTATIVE (S): (Director(s) or Member(s) of CIAN Only)

SURNAME:

FIRST NAME:

DATE OF BIRTH:

MEMBERSHIP NO:

_____ *please attach photocopy*

STATUS

TELEPHONE NO.

b SURNAME: _____
FIRST NAME: _____
DATE OF BIRTH: _____
MEMBERSHIP NO: _____
STATUS _____
TELEPHONE NO. _____

1.3 INDICATE THE STATES/REGION IN WHICH YOUR COMPANY OPERATES:

PLEASE, STATE TOTAL EXPERIENCE IN AUCTION INDUSTRY. _____

POSITION/ DESIGNATION WITH THE COMPANY: _____

PREVIOUS EMPLOYER: _____

PERIOD EMPLOYED: _____ YEARS

ARE YOU INVOLVED IN AUCTIONEERING NO/YES

HAVE YOU EVER BEEN CONVICTED OF FELONY, TREASONABLE OFFENCES OR ANY OTHER
CRIMINAL OFFENCE? YES/NO

HAS A COMPANY OF WHICH YOU WERE A DIRECTOR BEEN LIQUIDATED?:

IF YES, GIVE DETAILS:

HAVE YOU BY REASON OF IMPROPER CONDUCT BEEN DISMISSED FROM A POSITION OF TRUST?

IF YES, GIVE DETAILS:

1.4 PLEASE LIST TYPE OF AUCTION BUSINESS OF YOUR COMPANY:

1.5 I/we hereby certify that answers provided above are both true and correct in all respects. I/we understand that the information are relevant to granting or refusal of our corporate membership application. We/I understand that, if our application is successful, I/we will be bound by the provisions, terms and conditions contained in the bye-laws of the CERTIFIED INSTITUTE OF AUCTIONEERS, NIGERIA and the professional Code of Conduct as amended from time to time.

SIGNED: _____ THIS _____ DAY OF _____ 20 _____

Chairman

SIGNED: _____ THIS _____ DAY OF _____ 20 _____

Secretary / Director