

# NIGERIA-UKRAINE CHAMBER OF COMMERCE AND INDUSTRY

## I Membership

Company Name

Company's Incorporation Number

E-mail Address (Please Use a valid email address)

Confirm Email Address

Telephone Number

**Note:** After submitting this form, an application number would be generated for you.

\* All fields are mandatory.

## NUCCI Membership Application Form - Section A

Company Name

Company's Certificate Number

Location Address

Mailing Address

Place Choose the mailing Area Closest to you

Telephone Number

Fax

Website URL

E-mail Address

Date of Incorporation / Registration: Year  Month  Day

Length of time in business

Share Capital: (Value in Naira. Figures please)

### Major Shareholders (%)

Nigerians

Foreigner

**Annual Turnover**

Last 3 Years

Last 2 Years

Last Year

**Membership Category:** ( Please indicate your share capital)

- Above 1 Billion       100 million - 1 Billion  
 25 million - 100 million       Below 25 million.

**MEMBERSHIP APPLICATION FORM : SECTION B**

Bank Name

Bank Address

Main Business activities

Membership of other Association/s? Mention

**Products and Services**

- AGRICULTURE AND NON-OIL
- HEALTH AND EDUCATION
- TOURISM AND ENTERTAINMENT
- CONSTRUCTION & ENGINEERING
- FINANCIAL SERVICES
- LIQUIFIED PETROLEUM GAS
- PETROLEUM DOWN STREAM
- SMALL & MED ENTERPRISE / D12
- TRANSPORT
- INFORMATION COMMUNICATION
- INDUSTRIAL

Other Business activities

Subsidiary (if any)

Parent company (if any)

**Particulars of directors / Partners**

First Partner Name

Nationality

Second Partners Name

Nationality

Third Partners Name

Nationality

**Representative Details**

Name Of Representative

Address of Representative

Designation

Telephone Number

Email address

Comment (Your Expectation from NUCCI)

**SPONSORS (Please Specify 2 member of the chamber who have agreed to be your sponsors)**

Sponsor One

Sponsor Two

**DECLARATION**

*I/we wish to be elected member/s of the Nigeria-Ukraine Chamber of Commerce and Industry, and if elected to be bound by the Memorandum and Articles of Association. I/we will pay the Annual Subscription at the rate in force for the time being, and declare that all statements made by me/us on this Application Form are correct.*

I agree with the above declaration.