



# **COCOA ASSOCIATION OF NIGERIA FORM**

## **MR1: CAN**

### **MEMBERSHIP REGISTRATION FORM**

1. FULL REGISTERED NAME OF ORGANISATION/BUSINESS/COMPANY/UNION

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2. FULL REGISTERED ADDRESS OF BUSINESS PREMISES: .....

.....

HEAD OFFICE WITH TELEPHONE OR FAX.....

.....

BRANCH OFFICE WITH TELEPHONE & FAX.....

.....

3. FULL NAME (S) OF ACCREDITED REPRESENTATIVE (ES) FOR COCOA ASSOCIATION: .....

.....

(a) Registration Fee: .....(N150,000.00)

(b) Annual Subscription for 20 .....(N100,000.00)

**TOTAL N250,000.00**

*All payment should be made to the Cocoa Association of Nigeria, Ondo State Industrial Park, Ilesha/Benin Expressway P.M.B 720. Akure, Ondo State.*

.....  
*NAME & POSITION OF APPLICANT*

.....  
*SIGNATURE /DATE*

.....  
*SIGNATURE OF RECEIVING OFFICER*

*PAYMENT RECEIPT NO: .....*

*Please, kindly inform the Secretariat of any change.*

*The following are to accompany your completed form: -*

- i. Certified true copy of certificate of Incorporation*
- ii. Certified true copy of Article and Memorandum of Association*
- iii. Application for registration*