INSTITUTE OF FINANCIAL MANAGEMENT STUDIES

Suite 6, Block A, BAT Complex, Church Street, Bolade, Oshodi, Lagos
instituteoffms@gmail.com instituteoffms.com.ng +234803 747 1052

CORPORATE MEMBERSHIP APPLICATION FORM

This Application Form should be completed and submitted to the Director of Membership Services (through membershipservices@iofms.com.ng)

Name of Organisation:.....

Office Address:.....

RC Number:.....

Nature of Business:.....

Mailing Address:.....

.....

Number of Staff:.....

Tel.: No. (Mobile):..... **(Work):**.....

Email:.....

Contact Person

Name in Full:.....

Position/Rank:.....

Tel.: No. (Mobile):..... **(Work):**.....

Email:.....

Signature and Date:.....

For Official Use Only

Date Received:..... **Registration No:**.....

Remarks:.....