



## CORPORATE MEMBERSHIP FORM

### BUSINESS INFORMATION

Organisation name:

Nominated Representative names: 1.

2.

Head Office address:

Switchboard Telephone Number:

Fax:

Email:

### DECLARATION AND SIGNATURE

By applying for Corporate Membership of the ACTN, the organisation named above agrees to comply with, and ensure that its nominated representatives comply with the ACTN's regulations.

Signature:

Date:

Name (print):

Job Title:

### PAYMENT INFORMATION

*Kindly attach to this form cheque or evidence of payment i.e. copies of tellers and electronic receipts of bank transfer*

#### (a) 2016 Membership fees -

Registration Fee - ~~N~~50,000.00 (one-off)

Subscription Fee - ~~N~~250,000.00

#### (b) Payment Details & Options

*If issuing a cheque, kindly ensure it is in favour of Association of Corporate Treasurers LTD/GTE; for electronic transfer and cash deposits, kindly make payment into ACTN GTBank Account Number: 0222091153*

\*\*\*\*\* For Official use only\*\*\*\*\*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Number:

Plot 1398B Tiamiyu Savage Street,  
Victoria Island, Lagos.  
+234 8105671141  
actn@actn.org.ng  
www.actn.org.ng



**TO BE COMPLETED BY NOMINATED CORPORATE REPRESENTATIVE**

**PERSONAL DETAILS**

Surname:

First

Name(s):

Date of Birth:

Qualifications:

**BUSINESS DETAILS**

Job Title:

Office Address:

Direct Telephone:

Mobile (work):

Fax:

Email:

Main areas of responsibility:

Name & Title of person to whom you report:

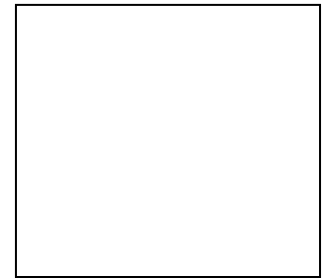
**HOME DETAILS**

Home Address:

I agree that, as a Corporate Representative, I will abide by the ACTN's regulations and the Ethical Code and other Rules as made from time to time by the Governing Council of the ACTN.

**Signature:**

**Date:**



Kindly affix passport

## INDIVIDUAL MEMBERSHIP FORM

### Qualification Criteria

To qualify to register, an individual must be or have held one of the following positions in a non-bank corporate organization or in the public sector;

- Corporate Treasurer
- Finance Manager
- Treasury Manager
- Risk Manager
- Investment Manager
- Financial Controller
- Chief Financial Officer

*(Duly completed forms should be submitted to the ACTN Secretariat or mailed to [Patrick.ajunwoko@actn.org.ng](mailto:Patrick.ajunwoko@actn.org.ng))*

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday : \_\_\_\_\_

Degree/Professional Qualifications: \_\_\_\_\_

Number of years of post-qualification \_\_\_\_\_

Send correspondences to: Home  Business



**Business Information**

Industry: \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**Sponsor/Reference**

*(Applicants should provide details and obtain sign off from appropriate professional referees with no less than five years managerial experience in applicable fields and a direct supervisor to applicant)*

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Candidate's Declaration**

*I hereby certify that the details provided by me in this form are accurate and suitable for use.*

Prospective Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information**

*Kindly attach to this form cheque or evidence of payment i.e. copies of tellers and electronic receipts of bank transfer*

**(c) Membership fees -**

Registration Fee - ~~₦~~10,000.00 (one-off)  
Annual Subscription Fee - ~~₦~~50,000.00

**(d) Payment Details & Options**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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