



Since 1981

**ASSOCIATION OF INVESTMENT ADVISERS AND
PORTFOLIO MANAGERS**

Contact Address:

46, Marina, 10th Floor
Lagos.
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E-mail: info@aiapm.org

Website: www.aiapm.org

Postal Address:

P. O. Box 6091 G.P.O Marina
Lagos.

CORPORATE MEMBERSHIP APPLICATION FORM

To be completed in Block letters and forwarded to

The Executive Secretary
Association of Investment Advisers and Portfolio Managers
46, Marina, 10th Floor
P. O. Box 6091, G.P.O. Marina
Lagos.

We hereby apply to be admitted as a member of the Association of Investment Advisers and Portfolio Managers.

SECTION A (TO BE COMPLETED BY INCORPORATED BODIES)

1. NAME OF APPLICANT

(i) Current Name _____

(ii) Former Name, (if any) _____

2. ADDRESS OF BUSINESS _____

(i) Registered Office _____

Telephone Numbers _____

E-mail _____

(ii) Principal Place of Business
(if different from 2 (i) _____

Tel: No _____ E-mail: _____

Website Address: _____

3. CERTIFICATE OF INCORPORATION NO. _____ **DATED** _____

SECTION B(TO BE COMPLETED BY UNINCORPORATED BODIES)

4. NAME OF APPLICANT

(i) Current Name _____

(ii) Former Name, (if any) _____

5. ADDRESS OF BUSINESS _____

(i) Registered Office _____

Tel: No _____ E-mail _____

(ii) Principal Place of Business _____

(if different from 5 (i)

_____ Tel: No _____

6. PARTICULARS OF PARTNERS OR TRUSTEES, PRINCIPAL PARTNER/CHAIRMAN AND ONE OTHER

Name _____

Address _____

Name _____

Address _____

SECTION C (TO BE COMPLETED BY ALL APPLICANTS)

7. NATURE OF BUSINESS OF THE ORGANISATION

8. Please state the particular Sector of the Financial Market or industry in which you operate.

9. REPRESENTATIVE (S)

(i) Name(s) of proposed representative(s)

(ii) **Status of Representative(s) (delete as appropriate) Director/Principal Partner/Pension Manager/Funds Administrator/Asset Portfolio Manager Other state.**

(iii) Name of proposed alternate representative

DECLARATION

We, ----- hereby declare that the information given above is to the best of our knowledge and belief correct. We undertake that we shall if admitted, and so long as we are members of the Association of Investment Advisers and Portfolio Managers, be bound by the **CONSTITUTION AND BYELAWS** of the Association

Signature /Official Seal

OFFICIAL USE ONLY

DECISION ON APPLICATION FORM FOR MEMBERSHIP

Recommended for approval/Deferment/Rejection

Signed _____
Executive Secretary

Date _____

Approved/Deferred/Rejected

Signed _____
Chairman, Membership Committee

Date _____