



The Nigerian-South African Chamber of Commerce



MEMBERSHIP APPLICATION

Secretariat: 65 Raymond Njoku Street, P. O. Box 52774, Ikoyi, Lagos. Tel: 234-1-7949870, 4811529, 2707430.
Fax: 234-1-2707430, E-mail: n_sacc@yahoo.com; n_sacc@linkserve.com; infonsacc@n-sacc.org, Website: www.n-sacc.org

Name of Company _____

Date of Incorporation/Registration _____

Address of Registration Office _____

Lagos Address (if different from _____
above including P.O. Box No.) _____

Tel: _____ Fax: _____

E-mail _____ Website Address: _____

Broad Description of Bussiness _____

Core Business Activity _____

Other Business Interests _____

Subsidiary Companies (if any) _____

Last Annual Turnover/Total Income _____

Name of Director or Partners _____

Name of Representative for Chamber Matters _____

Position held in the Company _____

Alternative Representative _____ Position _____

Do you have business relations with any South African Company, if so which one(s)? Pls. state their respective

Website Addresses _____

Which other Chambers of Commerce/Business Associative Organization do you belong to ?

Would you be able to attend our monthly meetings if your membership is approved? _____

Membership Category desired _____

(Please attach company profile)

Proposed by _____ Name of Company _____

Position held _____ Signature/Date _____

Seconded by _____ Name of Company _____

Position held _____ Signature/Date _____

Declaration

We wish to be members of the Nigerian-South African Chamber of Commerce and, if admitted, be bound by the Memorandum and Articles of Association.

We declare that all statements made by us on Application form are correct and we, herewith, attach our cheque for necessary payment application to the membership grade desired.

Date _____ Signature _____

FOR NSACC USE ONLY

Date of Acceptance _____ Type of Membership _____

Enrolment fee _____ Annual Fee _____