



## GENERAL INFORMATION

Name of Firm.....

Year Established.....Postal Address.....

Physical Address.....

Directors 1).....

2).....

3).....

4).....

Tel. #..... Fax #.....

Email.....

Website.....

Official Representative 1).....

2).....

Preferred method of contact:

Telephone  Fax  Email

Type of Business:

Distribution  Manufacturing  Agriculture  Service

Main Products .....

## REFERENCES

Bankers to whom references can be made

Name of Bank.....

Branch.....

## RECOMMENDATIONS

(To be completed by members of good standing)

Proposer .....

Company Stamp:

Signature .....

Secunder .....

Company Stamp:

Signature .....

## FEE STRUCTURE

<u>No. of Employees</u>	<u>Subscription Rate</u>
<input type="checkbox"/> 1- 9	\$1,000.00
<input type="checkbox"/> 10-19	\$2,000.00
<input type="checkbox"/> 20-35	\$3,000.00
<input type="checkbox"/> 36- 49	\$4,500.00
<input type="checkbox"/> 50+	\$10,000.00

Number of employees .....

I hereby declare that the information provided is accurate.

.....  
Signature

.....  
Date