

The logo for NiFA (Nigerian International Franchise Association) features the letters 'NiFA' in a stylized, white, serif font. The 'i' is lowercase and has a dot, while 'N', 'F', and 'A' are uppercase. The letters are set against a dark green rectangular background.

Nigerian International
Franchise Association

MEMBERSHIP Application Form

Want to be in business for yourself but not by yourself ?

Franchising is for YOU!

- **Discover what a good investment franchising is**
- **Find out how NiFA can help**

The Nigerian International Franchise Association welcomes all new membership applications.
PLEASE COMPLETE THE FORM IN CAPITAL LETTERS.

(1) **Keynote**

- All information given on this form is strictly confidential.
- The entrance fees and annual subscription rates may vary from time to time by the decision of the Board of Directors.
- The entrance fee comprises:
Application fee: N5000 (Non-refundable)
Membership fee: (See 2(a) below)
- Membership becomes effective on the date of the applicant's acceptance by the Board of Directors. Unsatisfactory application will not be processed. New members must comply with any Code of Ethics recommended by the Board to the extent they apply to the member.

(2) **General Information**

This must be completed by all applicants.

Business Name.....
(for which certificate will be issued)

Business Address.....
.....

Business Location (town/city).....

State..... Country.....

Land Phone..... GSM No.....

Fax..... e-mail.....

Business Web Sites (URL).....
.....

(3) **Contact Person**

As official delegate to NIFA

Family Name (Surname).....

Other Name(s).....

Title (Dr/Mr/Mrs/Sir/Chief e.t.c)..... Gender (pls tick) M F

Phone..... Fax..... e-mail.....

Postal Address.....
.....

Relationship.....

(4) **Identification**

Passport/Driver's Licence / Post-Office I/D etc:

No..... Date Issued..... Expiry Date.....

Please attach photocopy as applicable.

(5) **Required attachments for every new member**

1. Certificate of Incorporation/Registration (as applicable)
2. Copy of Form CO7 (as applicable)
3. 4 Passport photographs of primary contact

(6) **Business type (indicate with a tick)**

- | | |
|--|---|
| <input type="checkbox"/> Agent/distributor | <input type="checkbox"/> Service provider |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Importer/exporter | <input type="checkbox"/> Conglomerate |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Others-please specify..... |

Provide a short description of your business.....

.....

.....

(7) **Industries (indicate with a tick)**

- | | |
|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Food-processing |
| <input type="checkbox"/> Architecture/construction | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Mining/minerals |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Oil & gas |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Printing & graphics |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Others-Please specify..... |
| <input type="checkbox"/> Drugs/pharmaceuticals | <input type="checkbox"/> Energy/power generation |

(8) **Membership Categories**

Membership category applied for: (Tick as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Franchisor | <input type="checkbox"/> Master franchisee |
| <input type="checkbox"/> Area Developer | <input type="checkbox"/> Franchisee |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Associate Member |
| <input type="checkbox"/> Individual Member | <input type="checkbox"/> Student |

(9) **Membership Fees Payable**

- | | | |
|---------------------------------|---|---------|
| (i) Franchisor | - | N25,000 |
| (ii) Master Franchisee | - | N25,000 |
| (iii) Area Developer | - | N25,000 |
| (iv) Franchisee | - | N10,000 |
| (v) Service Provider / Supplier | - | N10,000 |
| (vi) Associate Member | - | N10,000 |
| (vii) Individual Member | - | N5,000 |
| (viii) Student Member | - | N5,000 |

(10) **Applicant's Certification**

I(Name)
Of.....(Address)

hereby certify that to the best of my knowledge and belief:

1. I am a Principal/Director/Trustee of the applicant and the applicant authorizes me to make this certification on its behalf.
2. I, the undersigned, being a Director/Trustee or Principal of the applicant, where the applicant is a Franchisor, hereby certify that:
 - The business opportunity is being offered is a "franchise" as defined under the Franchising Code of Ethics.
 - The Franchisor has a current disclosure document in accordance with Code of Ethics of NIFA; and
 - The Franchisor complies with the Code and is not knowingly either directly or indirectly involved in a breach of the Code.
3. All of the Principals, Partners and Directors of the applicant are of good character and reputation.
4. The applicant agrees to comply with the constitution of the Nigerian International Franchise Association.
5. The NIFA reserves the right to call for a disclosure document from Franchisor and Master Franchisee Members at any time.

Signature.....Date:.....

*** For further information, please contact us at our corporate Head office at:**
19, Kingsway Road, Ikoyi, Lagos Nigeria.
Phone: 4620293-4; Fax: 4620294; Website: www.nigerianfranchise.org

COMMENTS

(FOR OFFICIAL USE)

- Certificate of Registration/Incorporation: No..... Date.....
- Copy Form Co7
- Master Card
- 4 Passport Photographs
- Membership Identification Card Form
- Identification Document Type.....
- Amount Paid N..... Receipt No..... Date.....

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Director-Membership Services
Date.....

.....
Executive Secretary
Date.....