



REAL ESTATE DEVELOPERS ASSOCIATION OF NIGERIA (REDAN)

MEMBERSHIP APPLICATION FORM (MA1)

Please read the Guideline Notes before filling this form.

1.0 CLASS OF MEMBERSHIP

Please tick appropriately:

CLASS: ASSOCIATE(A) CATEGORY B CATEGORY C CATEGORY D

2.0 COMPANY ADDRESS AND CONTACT DETAILS

Name of Company/Organisation	
CAC Identification	RC
Registered Office Address	
Location or Postal Address	
Telephone Numbers	
E-mail	
Website Address	

3.0 COMPANY REPRESENTATIVE DETAILS*

Name	Designation	Telephone Nr(for SMS Notices) & e-mail address(please write legibly)
1.		
2.		
3.		

*Note that only one Company Representative (Board or Management Status) can vote and be voted for.

4.0 COMPANY BOARD OF DIRECTORS INFORMATION

Name	Designation	Telephone Nr(for SMS Notices) & e-mail address(Please write legibly)
1.	CHAIRMAN	
2.	COMPANY SECRETARY	
3.	DIRECTOR	
4.	DIRECTOR	
5.	DIRECTOR	

If more Directors exist, please indicate YES or NO (If YES, please attach your CAC FORM CO7)

5.0 COMPANY FINANCIAL INFORMATION

Authorised Share Capital	
Paid up Capital	

6.0 COMPANY PREVIOUS EXPERIENCE (LAST 3 YEARS)*

	3 YEARS AGO	2 YEARS AGO	LAST YEAR
Value of Work Executed (N)			

* PLEASE ATTACH YOUR COMPANY PROFILE FOR MORE DETAILS.

7.0 COMPANY CURRENT ONGOING PROJECTS*

NAME OF CLIENT	Project Name	Value	% Executed

* PLEASE PROVIDE MORE INFORMATION IF YOU DESIRE ON A SEPARATE SHEET AND ATTACH TO THIS FORM.

8.0 DATA UPDATE FOR MEMBERS (Existing Members only)

Date of Previous Registration with REDAN	
Membership Certificate Reference Number	
Last Subscription Year Payment Made	

9.0 UPGRADE REQUEST DETAILS

Please use this space to supply information to justify the Class of Membership you are applying for.

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(Please use additional sheet if necessary)

10. COMPANY DOCUMENTS

Please refer to the Guideline Notes on Documents to be attached to this form.

11. ATTESTATION

I hereby declare that I have personally verified the information provided herein and to the best of my knowledge believe it to be accurate.

Signature:
CEO/MD/DIRECTOR

Signature
SECRETARY

Company Stamp / Seal

Date: _____

OFFICE USE ONLY

(Appropriate Zonal or State office must respond to the National Secretariat within 21days)

STATE OFFICE RESPONSE:

Information Verified and Confirmed to be correct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset Base is approximately =N=	<input type="text"/>	
Recommended to be Category Developer	
Name of State Chairman.....	State Secretary.....	
Signature / Date.....	Signature / Date.....	
Name of State Chapter Office / Stamp.....	
Address of State Chapter Office	

ZONAL OFFICE RESPONSE

Information Verified and Confirmed to be correct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset Base is approximately =N=	<input type="text"/>	
Recommended for: Approval as Category Developer / Disapproval	
Name of Vice President.....	Name of Zonal Secretary.....	
Signature / Date.....	Signature / Date.....	
Name of Zonal Office / Stamp.....	
Address of Zonal Office.....	

NATIONAL SECRETARIAT ADMINISTRATION

Date Received:	Documents Checked and Confirmed by _____ (name)		
<u>RECOMMENDATION OF MEMBERSHIP COMMITTEE:</u>			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPROVED (SUBJECT TO NOTES BELOW)*	DATE:
* _____			

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CHAIRMAN MEMBERSHIP COMMITTEE		SECRETARY MEMBERSHIP COMMITTEE	

MEMBERSHIP CERTIFICATE RECORD

Date of Approval of Membership	
Membership No:	
Date Certificate Issued by National General Secretary	