

APPLICATION FOR MEMBERSHIP

All fields are REQUIRED										
Date of Application										
(A) Type of membership										
Select type of membership										
(B) CORPORATE INFORMATION										
Registered Company name										
Business object										
Physical address										
Business reg. Number							Digital address			
Phone number				Emai	l address					
Company Website				C		Со	mpany TIN			
Name of Director		Phone r	-	Emai						
Authorized representatives and contacts										
Name of key contacts Desig		Desigr	nation		Phone numbe		mber	Ema	iil	

(C) NPA info	ormation			
Are you licen	sed by the NPA	YES NO		
If YES state t	he license type			
Licence num	ber			
NPA Licence	renewal date			
Signature			Date	
Name				
registration (certificate by e	hip form with copies of the NP. mail to cbod@cbodghana.com		
FOR OFFIC	E USE ONLY		ΛPDI	ICATION FOR MEMBERSHIF
Å		Date of receipt	AITE	IO, THOM I ON HEHIDEROFIII
	CBOI	Date of approval		
	R OF BULK OIL DISTRIBUT			
	Signature			

Name and designation