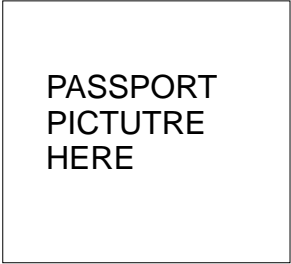




CHARTERED INSTITUTE OF IN MARKETING, GHANA

CORPORATE APPLICATION FORM



NAME OF COMPANY:

TYPE OF COMPANY:

YEAR OF FORMATION:.....

SHAREHOLDING:.....

KEY OFFICERS:.....

a).....

B).....

c).....

ADDRESS:.....

TELEPHONE:.....

9. LOCATIION:.....

MEMBERSHIP OF OTHER PROFESSIONAL BODIES:.....

.....
.....

11. REFEREES: 1.

2.

3.

12. SIGNATURE:..... DATE:.....

(Company Stamp)

DATE RECEIVED:..... DATE APPROVED.....

MEMBERSHIP:..... CERT. NO.....

CHAIRMAN MEMBERSHIP COMMITTEE..... DATE.....

AMOUNT PAID.....

DUES

1. REGISTRATION FEE

¢500,000.00

2.

ANNUAL DUES

¢10,000,000.00