



REAL ESTATE DEVELOPERS ASSOCIATION OF NIGERIA (REDAN)

MEMBERSHIP APPLICATION FORM (MA1)

(Completed Forms should be forwarded to: 2nd Floor, 13, Ikeja Close, off Oyo Street, Area 2, Garki - Abuja.
Tel: 0816 346 2101 Email: redannigeria@yahoo.com; Website: www.redanonline.org.ng)

Please read the Guideline Notes before filling this form.

1.0 CLASS OF MEMBERSHIP

Full Member (Real Estate Developer) <input type="checkbox"/>	Probation Member (Professional/Young Graduates/Students/Interns & Others Understudying The Real Estate Value Chain) <input type="checkbox"/>
Please Tick Appropriately:	

2.0 COMPANY ADDRESS AND CONTACT DETAILS

Name of Company/Organisation:	
CAC Identification:	RC:
Registered Office :	
Other Office Location(s):	
Telephone Numbers:	
E-mail:	
Website Address:	

3.0 COMPANY REPRESENTATIVES DETAILS

Name	Designation	Telephone No: (for SMS Notices) & e-mail address (please write legibly)
1.		
2.		
3.		

4.0 COMPANY BOARD OF DIRECTORS INFORMATION

S/N	Name:	Designation:	Telephone No: (for SMS Notices) & e-mail address (please write legibly)
1.		CHAIRMAN:	
2.		COMPANY SECRETARY:	
3.		DIRECTOR:	
4.		DIRECTOR:	
5.		DIRECTOR:	

5.0 LIST OF PROFESSIONALS IN THE ORGANISATION

S/N	NAME	QUALIFICATION	PROFESSION

6.0 COMPANY FINANCIAL INFORMATION:

Authorised Share Capital:	
Paid up Capital:	

7.0 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

8.0 COMPANY CURRENT ON GOING PROJECTS

NAME	LOCATION OF ESTATE	NO OF UNITS	% OF COMPLETION

9.0 COMPLETED PROJECTS/ESTATE

S/N	PROJECT DETAILS	YEAR COMPLETED

10. DATA UPDATE FOR MEMBERS (Existing Members only)

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

11. COMPANY DOCUMENTS

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

12. 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

Date: _____

Company Stamp / Seal

(Zonal or State office should respond to the National Secretariat within 14 days)

STATE OFFICE RESPONSE:

Information Verified and Confirmed to be correct Yes No

Asset Base is approximately =N=

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 No

Asset Base is approximately =N=

Name of Vice President..... Name of Zonal Secretary.....

Signature / Date..... Signature / Date.....

Name of Zonal Office / Stamp.....

Address of Zonal Office.....

OFFICE USE ONLY

NATIONAL SECRETARIAT ADMINISTRATION

Date Received: Documents Checked and Confirmed by _____ (name)

RECOMMENDATION OF MEMBERSHIP COMMITTEE:

APPROVED NOT APPROVED APPROVED (SUBJECT TO NOTES BELOW)* DATE:

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..... EXECUTIVE SECRETARY MEMBERSHIP OFFICER

MEMBERSHIP CERTIFICATE RECORD

Date of Approval of Membership	
Membership No:	