



COMPUTER PROFESSIONALS (REGISTRATION COUNCIL) OF NIGERIA

(Established by Decree No. 49 of 1993)
110, Norman Williams Street, South-West
Ikoyi, Lagos. P. O. Box 52059, Ikoyi, Lagos
Tel: 234-01-7735186, 4805294, 4443817, 2696823
Fax: 01-2696822
Website: [http:// www.cpn.gov.ng](http://www.cpn.gov.ng), E-mail: info@cpn.gov.ng

For Office Use Only

Date Received: _____

Membership Number: _____

Registration Number: _____

Structured Training: _____

APPLICATION FOR CORPORATE REGISTRATION

ON-LINE FORM _____

CORPORATE HISTORY FORM

Please use BLOCK CAPITALS and complete in black, as this will assist when the form is photocopied.

Name of Company: _____

Date of Incorporation: _____

Fax: _____

Certificate Registration No: _____ (Attach photocopy)

Please give your current COAN membership number (if any) _____ and grade _____

Company Type:	<input type="checkbox"/> Public Liability	<input type="checkbox"/> Limited Liability
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture

Bankers: _____

Bankers: _____

Membership of Other Professional Bodies

Professional Body	Grade of Membership	Date Admitted	Member Reference Number

Key Officials of Company

Chairman: _____

Managing Director: _____

Secretary: _____

8. MAIN LINE OF BUSINESS: _____

9. NO OF SITES FOR REGISTRATION: _____

10. LOCATION OF SITES

NO	SITE NAME	ADDRESS

11. PREVIOUS APPLICATION NO. _____ DATE: _____

12. CONVICTION FOR OFFENCE INVOLVING FRAUD AND DISHONESTY

YES NO

Please indicate the area of activity in Computing/Data Processing and Information System in which you are involved:		
<input type="checkbox"/> Policy Management (core)	<input type="checkbox"/> Research (core)	<input type="checkbox"/> Education and Teaching
<input type="checkbox"/> System Development (core)	<input type="checkbox"/> General Consultancy	<input type="checkbox"/> Schools and Teaching
<input type="checkbox"/> Delivery (core)	<input type="checkbox"/> Hybrid Management	<input type="checkbox"/> Audit
<input type="checkbox"/> Technical Specification (core)	<input type="checkbox"/> Procurement and Contracting	<input type="checkbox"/> Technical Authorship
<input type="checkbox"/> Quality Audit (core)	<input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Any Other (Please specify below
<input type="checkbox"/> Communications/Network		

If you work covers more than one activity, please double-tick the main area

Please Indicate the main business activity of your organization:

<input type="checkbox"/> Agriculture, hunting and forestry	<input type="checkbox"/> Real Estate, Renting and business activities
<input type="checkbox"/> Fishing	<input type="checkbox"/> Hardware Consultancy
<input type="checkbox"/> Mining and Quarrying (including oil and gas extraction)	<input type="checkbox"/> Software Consultancy
<input type="checkbox"/> Manufacturing of electrical and optical equipment including computers	<input type="checkbox"/> Data Processing
	<input type="checkbox"/> Maintenance and repair of office, accounting and computing machinery
<input type="checkbox"/> Electricity, gas and water supply	<input type="checkbox"/> Other Computer related activity
<input type="checkbox"/> Construction	
	<input type="checkbox"/> Other business activities (including legal, accounting and other professional services)
<input type="checkbox"/> Wholesale and retail trade	<input type="checkbox"/> Public Administration and defense
<input type="checkbox"/> Hotels and restaurants	<input type="checkbox"/> Higher education
<input type="checkbox"/> Transport, storage and communications (other than Post and Telecomms)	<input type="checkbox"/> Education (Others)
<input type="checkbox"/> Post and Telecommunications	<input type="checkbox"/> Health and Social work
	<input type="checkbox"/> Other community, social and personnel service activities

B. DETAIL OF BOAR MEMBER OF CORPORATE APPLICANT REGISTERED BY THE COUNCIL

1. SURNAME: _____
2. FIRST NAME: _____
3. OTHER NAMES _____
(Where there are more computer Professionals, please supply the details in an extra sheet)
4. REGISTRATION NO.: _____
5. DATE OF REGISTRATION: _____
6. CURRENT LICENSE NO.: _____
7. DATE LICENSE ISSUED: _____

C CERTIFICATION

1. BY CORPORATE APPLICANT

a) _____ hereby
(Name of Corporate Applicant)

declares that all the information given by it in this form are to the best of its knowledge and belief, correct, and that it fully understands the provision of Decree 49 of 1993 under which considerations to be given to its application for registration.

b) It shall comply with the decision of the Council

For _____
(Name of Corporate Applicant)

Signature of Chief Executive Officer: _____ Date: _____

Name in full: _____

Position: _____

2. BY STAFF MEMBER REGISTERED BY THE COUNCIL

I _____ hereby declare that all the information given in this form in respect of _____ are to the best of my knowledge, correct.

(Name of Corporate Applicant)

Signature of Staff Member: _____ Date: _____

C PROPOSERS

Proposers Endorsement	
Proposer 1	Proposer 2
Surname:	Surname:
Other Names:	Other Names:
Address:	Address:
Registration No.	Registration No.
Current Licence No.	Current Licence No.
I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria	I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria
Signature & Date:	Signature & Date:

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1. COMMITTEE'S RECOMMENDATION

Provisional Registration **Full Registration**

Rejected

Why Rejected _____

Committee Chairman

Date

2. COUNCIL'S DECISION

APPROVED/NOT APPROVED for registration this _____ day of _____ 19 _____

President

Registrar

CORPORATE

**Completed Application Forms should be returned to the Secretariat,
110 Norman Williams Street, Ikoyi, Lagos with the underlisted
Tel: 2670823, 7735186, 4805294, 4443817**

- i. Certificate of Incorporation
- ii. Company Profile
- iii. Signature & Stamp of the Executive Officer
- iv. Three self-addressed envelopes with appropriate postage stamps (N....)
- v. Evidence of Affiliation with relevant Association (e.g COAN e.t.c)
- vi. Photocopy of the receipt
- vii. The form must be fully endorsed by two financial (current) CPN members (Not Associate)
- viii. Evidence of Board Members registered by Council
- ix. Evidence of Staff of the Company/Organization Registered by Council.