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, 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:	☐ Public Liability	☐ Limited Liability
	☐ Sole Proprietorship	☐ 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:		
☐ Policy Management (core)	☐ Research (core)	☐ Education and Teaching
☐ System Development (core)	☐ General Consultancy	☐ Schools and Teaching
☐ Delivery (core)	☐ Hybrid Management	☐ Audit
☐ Technical Specification (core)	☐ Procurement and Contracting	☐ Technical Authorship
☐ Quality Audit (core)	☐ Sales and Marketing	☐ Any Other (Please specify below
☐ 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:

- ☐ Agriculture, hunting and forestry
- ☐ Fishing
- ☐ Mining and Quarrying (including oil and gas extraction
- ☐ Manufacturing of electrical and optical equipment including computers
- ☐ Electricity, gas and water supply
- ☐ Construction
- ☐ Wholesale and retail trade
- ☐ Hotels and restaurants
- ☐ Transport, storage and communications (other than Post and Telecomms)
- ☐ Post and Telecommunications
- ☐ Real Estate, Renting and business activities
- ☐ Hardware Consultancy
- ☐ Software Consultancy
- ☐ Data Processing
- ☐ Maintenance and repair of office, accounting and computing machinery
- ☐ Other Computer related activity
- ☐ Other business activities (including legal, accounting and other professional services)
- ☐ Public Administration and defense
- ☐ Higher education
- ☐ Education (Others)
- ☐ Health and Social work
- ☐ 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 if 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 Signature & Date:	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: .....

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1. **COMMITTEE'S RECOMMENDATION**

Provisional RegistrationFull 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.