



THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT

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CORPORATE MEMBERSHIP FORM

please write clearly using BLOCK (CAPITAL LETTERS and BLACK INK)

Name Of Organization _____

Corporate Headquarters Address _____

Year Of Incorporation _____

Year Of Incorporation _____

E-mail/Web Address _____

Telephone _____

Description of Area(s) of Business

Corporate Vision:

No. Of Business:

Staff Strength

No. Of Business

ORGANIZATION REPRESENTATIVE
Name of the Chief Executive Officer

Telephone: _____ Website: _____
Email: _____ Postal Address: _____
Authorized Signature: _____ Date: _____

OFFICIAL USE ONLY

Receipt of No. For Application Form _____
Areas Of Corporate Speciality: _____
Institutes Remarks: _____