



**HUMAN
CAPITAL
PROVIDERS**
ASSOCIATION OF NIGERIA

MEMBERSHIP APPLICATION FORM

NOTE THIS FORM SHOULD BE FILLED IN CAPITAL LETTERS

Company Profile

1. Name of Company or Organisation: _____
2. Office Address: _____
3. Postal Address: _____
4. Chief Executive's Name and Designation: _____
5. Telephone No: _____ Web Address: _____
6. E-mail Address [IN CAPITALS]: _____
7. Brief Description of Business Activity: _____

Name of Person(s) to receive information:

Subscription

8. Name: _____
- Telephone: _____ E-Mail: _____

Training

9. Name: _____
- Telephone: _____ E-Mail: _____

Name & Organisation of Persons acting as Referees (i.e. Proposer and Seconder):
(NOTE: both Proposer and Seconder MUST be Active Members of HuCaPAN)

Proposed by: _____

Seconded by: _____

I/We agree to be member(s) of HuCaPAN and to abide with its rules and regulations.

Full Name of Signatory: _____

Signature: _____ Date: _____

ACCOUNT DETAILS

Name of Account: HUMAN CAPITAL PROVIDERS ASSOCIATION OF NIGERIA

Bankers: FIRST BANK OF NIGERIA PLC

Account Number: 2013513191

Sort Code: 011152484

Contact Person: Solomon Adebosin (Executive Secretary)

Mobile Number: 08033181300

Email: sadebosin@hucapan.org.ng OR info@hucapan.org.ng

RETURN THE COMPLETED FORM TO: HUCAPAN SECRETARIAT, NO. 8, IMPRESSIVE CLOSE, BESIDE PEARLWORT HOTEL, OFF LATEEF DOSUMU STREET, CENTRAL BUSINESS DISTRICT, ALAUSA, IKEJA, LAGOS.

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Executive Committee's Decision: APPROVED () NOT APPROVED ()

Signature: _____ Date: _____