



ASSOCIATION OF NIGERIA
BOOKMAKERS

ASSOCIATION OF NIGERIA BOOKMAKERS MEMBERSHIP APPLICATION

Please complete this application form along with a signed statement of commitment.

COMPANY DETAILS

1. Name _____
2. RC Number _____
3. Licence Number(s) _____
4. Head Office _____
5. Administrative Office _____
6. Email Address _____
7. Website _____

PARTICULARS OF DIRECTOR

Surname			
Other Name			
Designation			
Mobile Number			
Email Address			

PARTICULARS OF SHARE HOLDERS

Surname			
Other Name			
Designation			
Mobile Number			
Email Address			

1. Please indicate states of operation

ABIA STATE <input type="checkbox"/>	EKITI STATE <input type="checkbox"/>	LAGOS STATE <input type="checkbox"/>
ADAMAWA STATE <input type="checkbox"/>	ENUGU STATE <input type="checkbox"/>	NASARAWA STATE <input type="checkbox"/>
AKWA IBOM STATE <input type="checkbox"/>	FCT ABUJA <input type="checkbox"/>	NIGER STATE <input type="checkbox"/>
ANAMBRA STATE <input type="checkbox"/>	GOMBE STATE <input type="checkbox"/>	OGUN STATE <input type="checkbox"/>
BAUCHI STATE <input type="checkbox"/>	IMO STATE <input type="checkbox"/>	ONDO STATE <input type="checkbox"/>
BAYELSA STATE <input type="checkbox"/>	JIGAWA STATE <input type="checkbox"/>	OSUN STATE <input type="checkbox"/>
BENUE STATE <input type="checkbox"/>	KADUNA STATE <input type="checkbox"/>	PLATEAU STATE <input type="checkbox"/>
BORNO STATE <input type="checkbox"/>	KANO STATE <input type="checkbox"/>	RIVERS STATE <input type="checkbox"/>
CROSS RIVER STATE <input type="checkbox"/>	KATSINA STATE <input type="checkbox"/>	SOKOTO STATE <input type="checkbox"/>
DELTA STATE <input type="checkbox"/>	KEBBI STATE <input type="checkbox"/>	TARABA STATE <input type="checkbox"/>
EBONYI STATE <input type="checkbox"/>	KOGI STATE <input type="checkbox"/>	YOBE STATE <input type="checkbox"/>
EDO STATE <input type="checkbox"/>	KWARA STATE <input type="checkbox"/>	ZMFARA STATE <input type="checkbox"/>

2. City _____

3. Total number of branch outlets _____

4. Office Line _____

5. Official Email (required) _____

6. Website Address _____

NAME: _____

DATE: _____

SIGNATURE: _____

CHAIRMAN

EXECUTIVE SECRETARY

GENERAL

Provide information about your expectation of the Association

Please ensure that these documents are submitted with your completed application form:

- 1. Certificate of Incorporation**
- 2. Memorandum and Article of Association**
- 3. Particulars of Directors (Form CAC7)**
- 4. Return of Allotment form (CAC2)**
- 5. Copies of valid licence of the Company**

OFFICIAL USE ONLY

Form Number: _____

Date of Submission: _____

Verification by: _____

NAME

DATE

SIGNATURE

MEMBERSHIP COMMITTEE/EXCO ASSESSMENT

Comments:

RECOMMENDATION		
APPROVE	DISAPPROVE	PEND

Sign-Off by:

Name: _____

Signature: _____

Date: _____



INSTRUCTION FOR OBTAINING APPLICATION FORM

ACCOUNT NAME: ASSOCIATION OF NIGERIAN BOOKMAKERS

ACCOUNT NUMBER: 0068579114

BANK: ACCESS/DIAMOND BANK

AMOUNT: ONE HUNDRED THOUSAND NAIRA [N100,000.00]

INSTRUCTION FOR ANNUAL MEMBERSHIP SUBSCRIPTION

STEP ONE

Submit evidence of payment of ONE HUNDRED THOUSAND NAIRA [N100,000.00] to obtain Application Form

STEP TWO

Payment of Annual Subscription fee of ONE MILLION NAIRA [N1,000,000.00]

STEP THREE

Complete and Return the Membership form

STEP FOUR

Notification letter of approved application/issuance of membership number.

STATEMENT OF COMMITMENT

I [WE] _____

On behalf of [Name of Company] _____

Trading as _____

Hereby subscribe to the aims and objective of Association of Nigeria Bookmakers.

I [WE] confirm that as a member, we shall abide and uphold the values, mission and vision of the Association.

I [WE] apply to enrol for membership of the Association by paying the sum of _____

[WE] agree to pay the annual subscription at the prevailing rate as it falls due on the anniversary of my subscription.

I [WE] confirm that all information, written or oral received by virtue of membership of the association shall be held in strict confidence provided such is not already in the public domain.

I [WE] confirm that my[our] acceptance is[are] required to grant all membership privileges.

I [WE] further confirm that all information given below are true.

Surname			
Other Names			
Designation			
Mobile Number			
Email Address			

Contact Person

Particular of Contact Person:

Surname _____

Other Name _____

Designation _____

Mobile Number _____

Email Address _____

Operation

LOCATION OF BUSINESS		
STATE	FEDERAL	MULTIPLE
NATURE OF BUSINESS		
SPORTS BETTING	VIRTUAL	OTHERS [PLEASE SPECIFY]
CHANNELS [SELECT AS APPLICABLE]		
RETAIL	WEB-BASED	MOBILE

CONFIDENTIALITY: Any confidential information requested is for our records. The answers you provide will be kept completely confidential. Your cooperation in providing this information is appreciated.