



ASSOCIATION OF NON-BANK MICRO FINANCE INSTITUTIONS OF NIGERIA

Motto: Promoting Microfinancing for Sustainable Development

Membership Application Form

Affiliation Number.....

FORM No:.....

CATEGORY APPLIED FOR: State [] National [] Regional [] LGA [] District/Ward []

- 1. Name of MFI:
2. Acronym:
3. Date of Registration..... Registration No:
4. Type of Organization.....
5. Registration with.....
6. Place of Registration.....
7. Office Address:
8. Postal Address:
9. Tel: GSM:
10. E-mail: Website:
11. Objectives of the organization:
12. Area(s) of Coverage:
13. Type of Activities:
14. Target Group:
15. Number of Active Members/Clients:

Table with 2 columns and 5 rows: Men, Women, Youth, Physically Challenged, Total

16. CAPITAL OWNED BY MFI (N):

17. TOTAL LOANS PORTFOLIO (N)

Table with 2 columns and 5 rows: Men, Women, Youth, Physically Challenge, Total

18. **TOTAL SAVINGS PORTFOLIO (₦)**

Men	
Women	
Youth	
Physically Challenge	
Total	

19. Main Source of Funding:

20. Names of Three Directors:

S/N	Name	Designation	Telephone	Signature
1.				
2.				
3.				

21. Personal Information of Main Contact Person

Surname: Other Names:

Designation Sex DoB

ID Type: ID No..... Issue Date: Expiry Date:

Residential

Address.....

.....Nationality.....

State OF Origin: L.G.A: Ward:

Telephone Number.....E-mail:

Signature/Date.....

22. Membership Category and Registration Fees

Membership Category	Institutions	Affiliation fees (₦)	Annual subscription (₦)	Form	Total (₦)
National	MFIs with National Coverage	150,000	150,000	2,000	302,000
Regional	MFIs with Regional Coverage	100,000	100,000	2,000	202,000
State	MFIs with State Coverage	20,000	20,000	2,000	42,000
Local Government	MFIs with Local Government Coverage	10,000	10,000	2,000	22,000
District/Ward	MFIs with District/Ward Coverage	5,000	5,000	2,000	12,000

Please pay the stipulated fee to the association's account:

ACCT Name: Association of Non-Bank Microfinance Institutions of Nigeria

Acct No.: 1012977825

Bank: Zenith Bank Plc.

Please attach:

- ✓ Certificate of Registration
- ✓ List of branches and their locations
- ✓ Articles and Memorandum of Association, Constitution or Bye law
- ✓ Brochure or latest annual report. If available
- ✓ List of Active Members/Clients
- ✓ Copy of teller/Receipt showing payment of membership registration fee.

We the undersigned hereby declare on behalf of this organization that the information in this form is true and complete; We agree to be bound by the constitution of the association and comply with the regulatory framework and any other decision to be taken by the Association of Non-Bank Microfinance Institutions of Nigeria.

.....
Authorized Signature/thumbprint

Name:
Position:
Date:

.....
Authorized Signature/thumbprint

Name:
Position:
Date:

FOR OFFICIAL USE ONLY

State Secretary Comment:

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Name:
Signature: Date:

State President Comment:

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Name:
Signature: Date:

