

**All fields are REQUIRED**

Date of Application	
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**(A) Type of membership**

Select type of membership	
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**(B) CORPORATE INFORMATION**

Registered Company name			
Business object			
Physical address			
Business reg. Number		Digital address	
Phone number		Email address	
Company Website		Company TIN	

Name of Director	Phone number	Email

**Authorized representatives and contacts**

Name of key contacts	Designation	Phone number	Email

### (C) NPA information

Are you licensed by the NPA  YES  NO

If YES state the license type	
Licence number	
NPA Licence renewal date	

Signature		Date	
Name			

By signing this application form, you accept and agree to abide by the Constitution of the Chamber (attached).

Please return this membership form with copies of the NPA licence and business registration certificate by email to [cbod@cbodghana.com](mailto:cbod@cbodghana.com).

### FOR OFFICE USE ONLY

APPLICATION FOR MEMBERSHIP



Date of receipt	
Date of approval	
Membership Number	

Signature	
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Name and designation