



REAL ESTATE DEVELOPERS ASSOCIATION OF NIGERIA (REDAN)

MEMBERSHIP APPLICATION FORM (MA1)

(Completed Forms should be forwarded to: De Cherub Mall B20, KM 18, Lekki-Epe Expressway
Opposite Alpha beach Junction Lagos. E-mail: info@lagosredan.com Phone: +234 703 410 0964
Website: www.lagosredan.com)

Please read the Guideline Notes before filling this form.

1.0 COMPANY ADDRESS AND CONTACT DETAILS

Name of Company/Organisation:	
CAC Identification:	RC:
Registered Office :	
Other Office Location(s):	
Telephone Numbers:	
E-mail:	
Website Address:	

2.0 COMPANY REPRESENTATIVE DETAILS*

Name	Designation	Telephone Nr(for SMS Notices) & e-mail address(please write legibly)
1.		
2.		
3.		

3.0 COMPANY BOARD OF DIRECTORS INFORMATION

S/N	Name:	Designation:	Telephone Nr(for SMS Notices) & e-mail address(Please write legibly)
1.		CHAIRMAN:	
2.		COMPANY SECRETARY:	
3.		DIRECTOR:	
4.		DIRECTOR:	
5.		DIRECTOR:	

4.0 LIST OF PROFESSIONALS IN THE ORGANISATION

S/N	NAME	QUALIFICATION	PROFESSION

5.0 COMPANY FINANCIAL INFORMATION:

Authorised Share Capital:	
Paid up Capital:	

6.0 COMPANY PREVIOUS EXPERIENCE (LAST 3 YEARS)*

	3 YEARS AGO	2 YEARS AGO	LAST YEAR
Value of Work Executed (N):			

* PLEASE ATTACH YOUR COMPANY PROFILE FOR MORE DETAILS

7.0 COMPANY CURRENT ONGOING PROJECTS*

NAME	LOCATION OF ESTATE	NO OF UNITS	% OF COMPLETION

8.0 COMPLETED PROJECTS/ESTATE*

S/N	PROJECT DETAILS	YEAR COMPLETED

9.0 DATA UPDATE FOR MEMBERS (Existing Members only)

Date of Previous Registration with REDAN	
Membership Certificate Reference Number	
Last Subscription Year Payment Made	

10.0 COMPANY DOCUMENTS

Please refer to the Guideline Notes on Documents to be attached to this form.

11. ATTESTATION

I hereby declare that I have personally verified the information provided herein and to the best of my knowledge believe it to be accurate.

Signature:

CEO/MD/DIRECTOR

Signature:.....

SECRETARY

Date:

Company Stamp / Seal

OFFICE USE ONLY

(Appropriate Zonal or State office must respond to the National Secretariat within 21 days)

STATE OFFICE RESPONSE:

Information Verified and Confirmed to be correct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset Base is approximately =N=	<input type="text"/>	
Name of State Chairman.....	State Secretary.....	
Signature / Date	Signature / Date	
Name of State Chapter Office / Stamp.....		
Address of State Chapter Office		

ZONAL OFFICE RESPONSE

Information Verified and Confirmed to be correct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset Base is approximately =N=	<input type="text"/>	
Name of Vice President.....	Name of Zonal Secretary	
Signature / Date.....	Signature / Date.....	
Name of Zonal Office / Stamp.....		
Address of Zonal Office.....		

NATIONAL SECRETARIATE ADMINISTRATION

Date Received:	Documents Checked and Confirmed by	(name)
RECOMMENDATION OF MEMBERSHIP COMMITTEE:		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPROVED (SUBJECT TO NOTES BELOW)*
DATE:		
<hr/>		
<hr/>		
<hr/>		
..... EXECUTIVE SECRETARY	 MEMBERSHIP OFFICER

MEMBERSHIP CERTIFICATE RECORD

Date of Approval of Membership	
Membership No:	