

SECTION C (WORKING EXPERIENCE)

NAME OF ORGNIZATION	POSITION	DATE (FROM / TO)

SECTION D

DECLARATION BY THE APPLICANT

I hereby declare that the above accurate in every details and the best of my knowledge, should make an attempt to give information, I should be satisfied with consequences my application being cancelled and my Membership withdrawn if any. I authorized the Nigerian Institute of Shipping to obtain official records from any educational institute mentioned above and the employers.

Signature of applicant

Date

SECTION E

FOR OFFICIAL USE

DO NOT SEND ANY SUBSCRIPTION UNTILL REQUESTED

1. Date received _____

2. Documents attached (Certificate/testimonials)

(A) _____

(B) _____

(C) _____

(D) _____

Received by _____

Recommended by _____

CHAIRMAN, MEMBERSHIP BOARD