THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

NCRIB SECRETARIAT: 58, MOLEYE STREET, ALAGOMEJI, YABA LAGOS
P. M. B. 1100, SABO-YABA, LAGOS TEL: 7917204
E-MAIL: info@ncrib.net www.ncrib.net

2020 DATA UPDATE FORM FOR MEMBERS

1. NAME OF COMPANY: .....
2. HEAD OFFICE ADDRESS: .....
3. BRANCHES & ADDRESSES: (Please attach details) .....
4. TOTAL NUMBER OF STAFF:..... .....
5. YEAR OF INCORPORATION..... .....NCRIB NUMBER: RB.....
6. NAME OF CHIEF EXECUTIVE OFFICER:.....AGE:.....
7. DATE OF APPOINTMENT AND STATUS:.....FCIB/ACIB NO:.....
8. TEL (GSM) NUMBERS OF CEO **(IMPORTANT)**.....
9. **E-MAIL ADDRESS (IMPORTANT**).....
10. NAME OF CHAIRMAN:.....
11. LINE OF BUSINESS (i.e. General, Life, Reinsurance).....
12. DO YOU HAVE OUTSTANDING CLAIMS WITH UNDERWRITERS? .....
13. IF YES, PROVIDE DETAILS IN A LOG FORMAT.
14. DO YOU HAVE ANY OUTSTANDING ISSUE WITH THE COUNCIL / SECRETARIAT?.....
15. IF YES, PROVIDE DETAILS: .....
16. WHAT IS THE LIMIT OF YOUR PROFESSIONAL INDEMNITY COVER? .....
17. PLEASE ATTACH COPY OF YOUR CURRENT PROFESSIONAL INDEMNITY POLICY OR RENEWAL ENDORSEMENT THAT COVERS THE YEAR OF THE CERTIFICATE BEING ISSUED.
18. PLEASE ATTACH **ORIGINAL** COPY OF YOUR LAST NCRIB CERTIFICATE AND COPY NAICOM LICENCE.
19. WHAT IS YOUR CURRENT WORKING CAPITAL: .....
20. PLEASE ATTACH COPY OF YOUR 2018/19 AUDITED ACCOUNT.

N.B
This form is to me signed by the CEO Only.
Please note that NCRIB Secretariat major mode of communication with your organization will be through e-mails and telephone hence the need for you to give your functional e-mail address and GSM number (This is very IMPORTANT)

ATTESTATION

I ATTEST THAT ALL INFORMATION GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

....
NAME OF CEO ***SIGNATURE*** ***DATE***