

NCRIB ACT No. 21 of 2003  
(for Professionalism, Service & Integrity)

# THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

NCRIB SECRETARIAT: 58, MOLEYE STREET, ALAGOMEJI, YABA, LAGOS. NIGERIA  
P.M.B. 1100, SABO YABA, LAGOS TELL 01-7917204, 01-7925468, 01-7925469  
E-mail: brokerscouncil@yahoo.co.uk, info@ncrib.net, www.ncrib.net

AYODAPO A. SHODERU, ACII, FIIN, FCIB  
PRESIDENT/CHAIRMAN GOVERNING BOARD

FATAI ADEGBENRO  
EXECUTIVE SECRETARY/CEO

## REQUIREMENTS FOR INDIVIDUAL REGISTRATION

1. Duly completed and signed Application Form.  
(TO BE PROPOSED BY TWO ACIB OR FCIB HOLDER)
2. Copies of all Credentials.
3. Detailed Curriculum Vitae.
4. Letter of Resignation from previous employer.
5. Letter of Acceptance of Resignation from previous employer.
6. Letter of Appointment from current employer.
7. CEO must be a director in the broking outfit.
8. CEO must be an insurance professional (ACIIN or ACII) with at least 5 years post qualification experience two of which must be in a broking firm at senior Management level.
9. Copies of forms C02 & C07 stating that the Chief Executive Officer is a director with at least 25% equity shares in the Company.

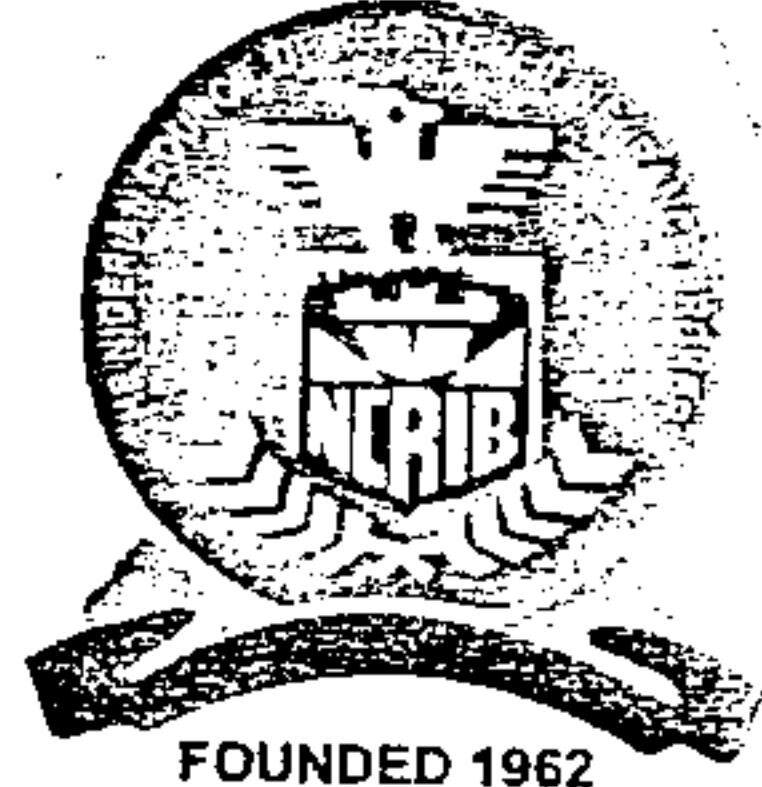
MANAGEMENT

# THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

Secretariat: 'INSURANCE BROKERS HOUSE' 58, Moleye Street, Off Herbert Macaulay Street, Alagomeji,  
P.M.B.1100, Yaba, Lagos, Nigeria. 01-7917204

E-mail: [brokerscouncil@yahoo.co.uk](mailto:brokerscouncil@yahoo.co.uk) Website: [www.ncrib.net](http://www.ncrib.net)

## APPLICATION FORMS (INDIVIDUAL)



Established by Act No. 21 of 2003  
(Professionalism, Service and Integrity)

(As prescribed by the Governing Board in pursuance of NCRIB Act No 21 of 2003)

## REGISTRATION/RENEWAL

ID NO.....

1. Name (in full).....
2. Date of Birth: .....
3. Firm or Company: .....
4. Business Address/es: .....
5. Permanent Contact Address:  
.....
6. Contact Telephone (s): .....
7. E-mail Address: .....
8. Nationality: ..... Nationality of Origin: .....  
(If other than present nationality)
9. Academic Qualifications: .....
10. Professional Qualifications: .....
11. Details of Working Experience (with dates): .....
12. Have you ever been bankrupt or insolvent or made any arrangements or composition with your creditors?  
.....
13. Do you specialize in any class of insurance? .....
- A. Area of Specialisation (Please tick as appropriate)
  - i. Life Pension Insurance
  - ii. Oil and Gas Insurance
  - iii. General Business & Consultancy Services

Affix 2 Passport  
Size Photographs

14. Are you a Partner or Director of a broking firm? If yes give names of all Partners or Co-Directors:

.....  
.....  
.....

15. Are you engaged in any occupation other than broking: .....

.....

16. Guarantors

TO BE SIGNED BY TWO FELLOWS OR ASSOCIATES (AS APPROPRIATE) OF THE COUNCIL WHO SHOULD NOT BE PARTNERS OR DIRECTORS OF THE SAME FIRM OR COMPANY NOR OF THE FIRM OR COMPANY OF WHICH THE APPLICANT IS A PARTNER OR DIRECTOR

I have known ..... for ..... Years

To the best of my knowledge and belief the above questions are answered correctly, and in my opinion he is a suitable person to be admitted as a member of the Council.

Proposer: ..... Sign: .....

Company: .....

Address: .....

I have known ..... for ..... Years

To the best of my knowledge and belief the above questions are answered correctly, and in my opinion he is a suitable person to be admitted as a member of the Council.

Proposer: ..... Sign: .....

Company: .....

Address: .....

17. DECLARATION

I DECLARE that all the answers and details given above are true and correct.  
(Any detail found to be incorrect may nullify my application)

.....  
DECLARANT/APPLICANT'S SIGN.

FOR OFFICE USE ONLY

Received: .....

Passed on: .....

Elected on: .....



# THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

NCRIB SECRETARIAT: 58, MOLEYE STREET, ALAGOMEJI, YABA, LAGOS, NIGERIA.  
P.M.B. 1100, SABO-YABA, LAGOS. ☎01-7917204  
E-mail: brokerscouncil@yahoo.co.uk www.ncrib.net

BARR. LAIDE OSIJO, LLB, BL, MBA, FIIN, FCIB  
PRESIDENT/CHAIRMAN GOVERNING BOARD

E.U. KOLAWOLE, ACII  
AG. EXECUTIVE SECRETARY/CEO

(Established by Act No. 21 of 2003)  
(for Professionalism, Service and Integrity)

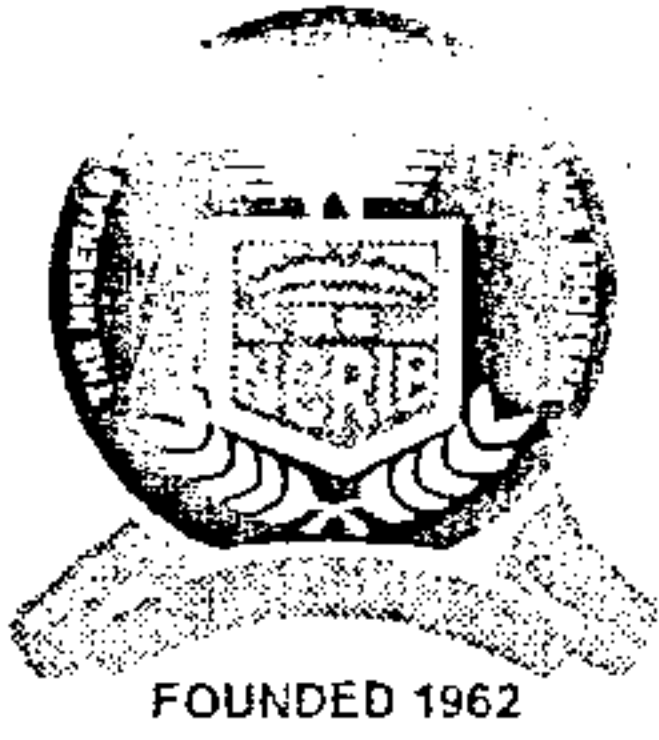
## REQUIREMENTS FOR NCRIB MEMBERSHIP (CORPORATE)

1. Copies of forms C02 & C07 stating that the Chief Executive Officer is a director with at least 25% equity shares in the Company.
2. Certificate of Incorporation.
3. Professional Indemnity Cover (any one loss 10m)
4. Memorandum & Articles of Association.
5. Operations Manual of the Company.
6. 5Years Business Plan.
7. Affidavit that
  - (a) The Company has a Clients' Account.
  - (b) The Company does not have more than 10% interest in a loss adjusting firm or Reinsurance Company.
8. Application fee - #50,000 Payable on Submission of application forms.
9. The Registration fee is as follows;

*	REGISTRATION FEE	-	500,000
*	BUILDING LEVY	-	200,000
*	PRE-INDUCTION TRAINING	-	50,000
*	COMPULSORY LEVY	-	50,000
*	ASSOCIATESHIP ADMISSION	-	50,000
*	INDUCTION FEE	-	30,000
			-----
	TOTAL		<b>#880,000</b>
			-----

MANAGEMENT

ABUJA LIAISON OFFICE:  
PLOT 605, LINGU CRESCENT, WUSE 2, ABUJA.



# THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

Secretariat: 'NCRIB HOUSE', 58 Moleye Street, Off Herbert Macaulay Street, Alagomeji,  
P. M. B. 1100, Yaba, Lagos, Nigeria.

Tel. 01-7917204, 863021, 08023024673, 08023100979, 08037131147

## REGISTRATION/RENEWAL

NCRIB NO.....

### MEMBERSHIP LISTING APPLICATION FORM

1. Name of Company: .....
2. Business Address (Head Office): .....
3. Postal Address: .....
4. Telephone Nos .....
5. Facsimile Nos.....
6. E-Mail Address: .....
7. Address(es) of Branch Office(s): .....
8. Name of Chief Executive Officer: .....
9. Academic/Professional Qualifications of Chief Executive Officer: .....
10. Name & Addresses of Partners/Directors of the Company:.....

**(Please attach copies of Forms C02 and C07)**

11. Date of Incorporation: ..... (Please attach copy of Certificate)
  12. How long has Company been conducting Business as INSURANCE BROKER?  
.....
  13. Give the names of at least three Insurance Companies with whom you have placed insurance business in the last one (1) year: .....
  14. (a) Is your Company indebted to any of the Insurance Companies? .....
  - (b) If yes, please give details of such Indebtedness: .....
  - (c) Is your Company indebted to NCRIB? .....
  - (d) If yes, give details of such Indebtedness:.....
  15. (a) Do you hold a Professional Indemnity Policy? .....
  - (b) If so, who are the Insurers (or Lead Insurers)? .....
  16. What is the sum Insured? .....
  - Anyone Claim N.....
  - Anyone Period N.....
- (Please attach evidence of current cover)

17. (a) Have you operated as Insurance Brokers before now under a different name?  
 .....  
 (b) If yes, please give the name and a short brief on why the change of name?  
 .....  
 .....  
 .....  
 .....  
 .....  
 18. Please give details of MANAGEMENT STRUCTURE and SHAREHOLDING of your Company  
 (Please attach Corporate Profile)  
 .....  
 .....  
 .....  
 19. Declared Net Commission in the last three (3) years: .....  
 YEAR 1 .....  
 YEAR 2 .....  
 YEAR 3 .....

**DECLARATION**

We DECLARE that all the answers and details given above are true and correct.  
 (Any detail found to be incorrect may nullify our application)

.....  
 CHAIRMAN/DIRECTOR  
 Name in Full: .....  
 Date:.....

.....  
 CHIEF EXECUTIVE OFFICER  
 Name in Full: .....  
 Date:.....

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**FOR OFFICE USE ONLY**

Received: .....  
 Passed by: .....  
 Elected on: .....