

THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

NCRIB SECRETARIAT: 58, MOLEYE STREET, ALAGOMEJI, YABA LAGOS
P. M. B. 1100, SABO-YABA, LAGOS TEL: 01-2902868, 08033313433

E-MAIL: info@ncrib.net www.ncrib.net

2022 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. LINE OF BUSINESS (i.e. General, Life, Reinsurance).....
11. DO YOU HAVE ANY OUTSTANDING ISSUE WITH THE COUNCIL / SECRETARIAT?.....
12. IF YES, PROVIDE DETAILS:
13. WHAT IS THE LIMIT OF YOUR PROFESSIONAL INDEMNITY COVER?
14. PLEASE ATTACH COPY OF YOUR CURRENT PROFESSIONAL INDEMNITY POLICY OR RENEWAL ENDORSEMENT THAT COVERS THE YEAR OF THE CERTIFICATE BEING ISSUED.
15. PLEASE ATTACH ORIGINAL COPY OF YOUR LAST NCRIB CERTIFICATE AND COPY OF MOST RECENT NAICOM LICENCE.
16. WHAT IS YOUR CURRENT WORKING CAPITAL:
17. PLEASE ATTACH COPY OF YOUR 2020/2021 AUDITED ACCOUNT.
18. CHANGE IN THE OWNERSHIP STRUCTURE OF THE COMPANY IN THE LAST 12 MONTHS (IF ANY):
 - i. NAME OF CHAIRMAN:.....TEL:.....
ADDRESS.....NATIONALITY.....
 - ii. OTHER DIRECTOR
NAME:.....TEL :
 - ADDRESS:.....NATIONALITY.....
 - iii. OTHER DIRECTOR
NAME:.....TEL :
 - ADDRESS:.....NATIONALITY.....

P.T.O

iv. OTHER DIRECTOR

NAME:..... TEL. NO:.....

ADDRESS:..... NATIONALITY

OTHER DIRECTOR

v. NAME:..... TEL. NO:.....

ADDRESS:..... NATIONALITY

vi. OTHER DIRECTOR

NAME:..... TEL. NO:.....

ADDRESS:..... NATIONALITY

19. Please attach your current form CO7 if there has been any changes.

N.B

This form is to be 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