



SIERRA LEONE CHAMBER OF COMMERCE, INDUSTRY AND AGRICULTURE

MEMBERSHIP APPLICATION FORM

Company Name: _____

Street: _____

P.O. Box _____ City _____ Country: _____

Province / Region _____ Fax: _____

Mobile/Phone _____ Email _____

Chief Executive Officer: _____

Bank Reference (Principal Bank Only): _____

Contact Executive : _____ Title: _____

Year Established Company Registration No.

Paid Up Capital Business Licence No.

Number of Employees: Local Management Issued By
Foreign Skilled Date
Unskilled

Legal Status: Public Company Private Co. with limited liability []
Sole Proprietor [] State Owned [] Co-operative []

Name and address of parent Company if any: _____

Type of Business (Please cross)

Agriculture/Farmer [] Wholesale [] Construction []
Retailer [] Manufacturer [] Real Estate []
Exporter [] Export/Import [] Tourism []
Banking & Finance [] Transportation [] Importer []
Clearing & Forwarding [] Other Services [] (Please Specify) _____
Insurance [] Consultancy Firm [] Mining []

Are you a member of a professional, Trade Association or Chamber of Commerce? Yes [] No []
if yes please state Name and Address: _____

I hereby certify that to the best of my knowledge and belief the information given is true and correct

Signature _____

Date: _____

Name: _____

Designation: _____