



Please affix a passport size photograph here with your signature at the back.

URATTA GLOBAL INITIATIVE MEMBERSHIP REGISTRATION FORM

PERSONAL INFORMATION

Title :

Surname/Family Name:

Other Names (including middle name) :

Current Address (Street name and number):

Town:

Post/ ZIP Code (if you reside outside Nigeria):

Note: It is your responsibility to notify the Organization's Secretary of any changes to your current address.

Birthday (day and month required, year of birth is optional):

Marital Status : **Married:** **Single:**

✉ **Email Address:**

	Mobile No:	☎ Home :

LGA of Origin:

Community of Origin:

Clan:

Dual Nationality (Foreign and Nigerian Citizen) Tick on appropriate box YES: NO:

EMERGENCY CONTACT DETAILS

Name:

Current Address:	Post/ZIP Code:

Daytime/ Mobile:	Home Phone:	✉ Email:

Relationship:

NEXT OF KIN INFORMATION

Name:

Current Address:

✉ Email:	Daytime/Mobile:	☎ Home Phone:



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OCCUPATION/EMPLOYMENT

Are you Gainfully Employed Currently?

Industry / Profession (optional):

Any other information you might wish to provide below:

REFERENCE

	REFEREE 1	REFEREE 2
Name:		
Address:		
Phone number:		
Email Address		
Profession:		

DECLARATION (PLEASE TICK AS APPROPRIATE)

- *I declare that the information given in this form are correct. I also understand that the information given by me will be treated in strict confidence but might be subjected to further verification by the leadership of UGI.*
- *I understand that further background check could be conducted on me by appointed/authorized persons on behalf of UGI*
- *I understand that I may be liable to the withdrawal of my membership if I have knowingly or recklessly provided false or incomplete information.*
- *I understand that it is my responsibility to regularly provide the leadership team of UGI with any update regarding changes to my circumstance.*
- *I authorize the EXCO and appropriate committee to verify any data that I provided and utilize same in the screening/processing of my membership application.*

SIGNATURES

Signature of applicant:	Date:

UGI CHAIRMAN'S SIGNATURE

Signature :	Date:

UGI SECRETARY'S SIGNATURE

Signature:	Date: