



CNA Membership Application Form

Instructions

1. Complete all applicable sections. An incomplete form cannot be processed.
2. Completed application form for new members only should be accompanied with a bank draft of a non-refundable fee of One thousand and five hundred functional dollar (F\$1,500) equivalent in Nigerian Naira.
3. After processing of application form, Company shall be required to pay entry fee as appropriate based on their category - new member/ old (renewal).

Section A-Contact Details				
Company Name				
Address				
Operational Base Address				
State		Local Gov. Major Town/Community		
Company Type	<input type="checkbox"/> Multinational	<input type="checkbox"/> Indigenous		

Section B-Name of Directors and Nationalities		
S/N	NAME	NATIONALITY

Section C-Company Audited Account (for last 3 years)		
Submit attached electronic or hard copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section D-Type of Business (Oil & Gas)					
Upstream	<input type="checkbox"/> Deep Offshore	<input type="checkbox"/> Offshore	<input type="checkbox"/> Swamp	<input type="checkbox"/> Land	<input type="checkbox"/> Others
	<input type="checkbox"/> Onshore				

Section E- Provide Data for The Fields Below (for the past 2yrs)							
	Total annual Oil production (bbls)		Total Pipeline vol. (bbls)		Total Wells capable of flowing (no of wells)		Total annual rig days (no of days)
Year							
Onshore							
Offshore							
	Total annual no of lifting (no. of lifting)		Total annual delivery at refineries (bbls)		Total petroleum product pipeline throughput (bbls)		
Year							
Onshore							
Offshore							

SECTION F

This form should be submitted with the following attachments.

1. SHE (Safety Health & Environment) policy
2. SHE (Safety Health & Environment) organization
3. SHE KPI (Key Performance Indicator) for the past three years
4. COMPANY'S First Tier Oil Spill Response Plan
(*Attach Inventory showing Type, Number and Location of Equipment*)
5. BANK DRAFT made payable to Clean Nigeria Associates Ltd/Gte.

I HEREBY UNDERTAKE ON BEHALF OF MY ORGANIZATION, THAT ONCE ACCEPTED INTO CNA AS A MEMBER MY ORGANIZATION SHALL COMPLY WITH ALL REGULATIONS GOVERNING CNA & IT'S ACTIVITIES, AS WELL AS ALL OBLIGATIONS OF THE CNA AGREEMENT.

NAME

DESIGNATION

SIGN. / DATE