

WORLD MEMON ORGANISATION

APPLICATION FORM - NO. WMO 5

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INSTITUTION – SUBSCRIPTION: US \$250 PER ANNUM

DETAILS OF INSTITUTION

NAME OF INSTITUTION		
NATURE OF INSTITUTION		
ADDRESS OF INSTITUTION		
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS OF INSTITUTION
NAMES OF CURRENT OFFICE BEARERS OF INSTITUTION	CHAIRMAN	VICE CHAIRMAN
	SECRETARY	TREASURER
EMPLOYED SENIOR STAFF		

DETAILS OF BANKERS

NAME OF BANK		
ADDRESS OF BANK		
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS OF BANK
ACCOUNT NO.	SWIFTCODE:	

PLEASE ATTACH THE FOLLOWING TOGETHER WITH THE APPLICATION:

1. COPIES OF 3 YEARS AUDITED BALANCE SHEETS AND ACCOUNTS.
2. COPIES OF REGISTRATION CERTIFICATES.
3. COPIES OF LOCAL TAX EXEMPTION.

FOR OFFICIAL USE ONLY

RECEIVED ON: APPROVED ON: FILE REF:

AMOUNT TO CHARGE US \$: INVOICE NO.