ALMPO

Association of Licensed Mobile Payment Operators

The Village 371, Borno Way, Spencer Street, Alagomeji, Yaba, Lagos State.

Info@almpo.org.ng

MEMBERSHIP APPLICATION FORM

We hereby apply to enrol for membership of the Association of Licensed Mobile Payment Operators (ALMPO)

We agree to hold strictly confidential any information, either written or oral received by us virtue of membership, if describe as such at the time of the provision, provided such information is not already in the public domain.

ORGANIZATION DETAILS

Organization Name: .....

Address: .....

Tel: .....

E-mail: .....

Do you accept that **ALMPO** website uses the logo and link of your company?

Yes ☐ No ☐

As an exchange do you accept to expose **ALMPO** logo and link on the website of your company organization?

Yes ☐ No ☐

PRIMARY CONTACTS

(Primary contacts include MD/CEO and Two Senior Executives of your organization)

1. Name: (Mr./Mrs./Dr.): ..... Job Title: .....

E-mail Address: ..... Telephone No: .....

Office Address: .....

2. Name: (Mr./Mrs./Dr.): ..... Job Title: .....

E-mail Address: ..... Telephone No: .....

Office Address: .....

3. Authorized by .....
Name

..... *Job Title*

..... *Sign/Date*

..... *E-mail*

..... *Number*

Kindly Forward company profile and logo to: info@almpo.org.ng

For ALMPO Secretariat

Date application Received: ..... Signature: .....

Governing Board Decision: .....

Date: ..... Name/Signature: .....