



LCFE APPLICATION FOR LICENSE AS A COLLATERAL MANAGEMENT COMPANY

SECTION A

1. Name of company _____
2. Registration No. _____ Date _____
3. Type of Company:
Limited by Guarantee:
Limited by Shares:
Unlimited:
Plc:
4. Registered Office Address _____
5. Telephone: _____ e-mail _____
6. Number of Warehouse(s) presence _____
7. Type of Facility Managed
Warehouse
Silos
Tank Farm
Others

SECTION B

1. Authorized Share Capital :
2. Name of Directors:
 - a. Name: _____ Address: _____
 - b. Name: _____ Address: _____
 - c. Name: _____ Address: _____
 - d. Others:
3. Company Secretary:
Name: _____ Address: _____



SECTION C

Attach short brief of certification experience **including**.

- i.** Years of experience,
- ii.** Geographical Location of Agents.
- iii.** Technology Capabilities

Important: For first application please attach:

- i. Company Profile**
- ii. CTC of Form CAC 2/ CAC1.1.**
- iii. CTC of Form CAC7/CAC 1.1.**
- iv. Certificate of Incorporation.**
- v. CTC of Memorandum and Articles of Association.**
- vi. Tax Identification Number (TIN).**
- vii. Valid means of ID of each signatory and Directors.**
- viii. Passport photograph of each signatory.**
- ix. Current proof of residence/address (not longer than 3 months from the date of submission to the Exchange).**

Signed) _____
 Applicant or authorized Representative
 _____ Company
 _____ Branch if any

This form should be sent to the following address: 1st Floor, UAC Building, 1-5 Odunlami Street, Marina Lagos.

For use of Licensing Authority only			
No. of license issued	Date of issue	File reference	Remarks