



The Nigerian Institution of Safety Engineers

(A Division of The Nigerian Society of Engineers)

1, Engineering Close, Victoria Island, Lagos; 32 Chief Wopara Street, by Renaissance IA, Rumuobiakani, Port Harcourt, Rivers State

Website: www.nisafetye.com , Email: fellowship@nisafetye.com

Tel: +234 8077952170; +234 8036686887

CORPORATE FIRM MEMBERSHIP REGISTRATION FORM

Name of Establishment:

Corporate Office Address:

_____ **City:** _____ **State:** _____

Corporate Registration (CAC) Number: _____

Postal Address: _____

E-mail _____ **Address:** _____

International Offices/Locations: (Attach List)

Nature of Business:

Area of specialization: _____

Total Number of Employees in Nigeria: _____

Corporate Membership of other Safety Professional Bodies if any:

- 1.
- 2.
- 3.



Related Awards & Records: _____

Last external Audit of your Safety Management System if any:

Safety Statistics for the last 3 years

S/N	DESCRIPTION	YEARS		
1	Fatality			
2	Lost Time Incident			
3	Fire Incident			
4	Medical Treatment Case			
5	Restricted Work Case			
6	First Aid Case			
7	Road Traffic Accident			
8	Near Miss			
9	Total Man Hours			
10	Safety Trainings Held			
11	Process Safety Incident			

List a minimum of three names of Safety Representatives and contact details (must be members of NISafetyE):

Names

Phone Numbers

E-mails

1. _____

2. _____

3. _____

GRADE OF CORPORATE MEMBERSHIP / FEE

Category: Corporate Engineering Firm / ₦300,000.00

BANK DETAILS

Account Name: Nigerian Institution of Safety Engineers.

Bank: Zenith Bank

Account Number: 1014720726

PAYMENT DETAILS

Depositor's Name:

Amount Paid: _____

Bank Branch:

Date Deposit: ____/____/____



Please return along with this membership form the following:

1. Copy of Company's Certificate of Incorporation with CAC
2. Company Profile
3. Evidence of payment of fee (Photocopy)
4. Evidence of NISafetyE membership by applicant's Safety Representatives (Certificate)

DECLARATION

We hereby declare that the information provided in this form is correct, and we shall abide by the rules, regulations and constitution of **The Nigerian Institution of Safety Engineers**, if our application is accepted. We herein enclose all relevant documents.

____/____/____

(Name and Position)

(Signature)

(Date)

NOTE: We shall send our auditors to visit your facility for onsite visit to verify your documents and to ascertain your level of Safety compliance and to provide guidance/advice on areas needing improvement. The audit date shall be communicated to you.

THERE ARE NO PENALTIES.

OFFICIAL – Please do not write in the area below

Membership Number: _____ **Grade of Membership:** _____

Approval Authority Signature: _____ **Date:** _____ **Approved:** ☐ **Not Approved:** ☐

NATIONAL CHAIRMAN