



# Nigerian Chamber of Shipping

a Member of International Chamber of Shipping

## ABC OF SHIPPING

### Course Registration Form

[Note: All rates are quoted in Nigerian Naira ₦, A form must be completed for each registrant and filled in capital letters]

#### PERSONAL DETAILS (Please print in Caps)

First Name(S): \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ Prof. | Dr. | Mr. | Mrs. | Ms. | Other Specify: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Member of Nigerian Chamber of Shipping Yes  No

If Yes, Provide Membership No.: \_\_\_\_\_

Do you wish to receive information about our courses? Yes  No

Would you like to be a Member of the Nigerian Chamber of Shipping? Yes  No

How did you learn about this Training? (Please tick the appropriate)

- Newspaper Publication
- Our Newsletter (Email)
- Social Media Post/Online Advert
- Others (Please specify): \_\_\_\_\_

#### COURSE REGISTRATION FEES (Please tick the appropriate box)

- Member - ₦ 30,000.00 (Evidence of Financial Status Required Please)
- Non-Member - ₦ 35,000.00

**PAYMENT METHOD** (Please tick the appropriate box)

Cheque Enclosed (Cheque should be made payable to **Nigerian Chamber of Shipping**.)

Bank Deposit/Transfer (All bank deposits/transfer should be made in favor of **Nigerian Chamber of Shipping**)

Cash Payment (Strictly not advised, unless unavoidable or at venue, if slot(s) still remain.)

Please send completed registration form by mail to us with scanned copy of the bank teller for bank deposits.

You can also send the completed registration form with the enclosed Cheque to our Corporate Office addressed to:

The Director, Operations & Administration  
Nigerian Chamber of Shipping  
No. 2A, Azare Crescent, off Liverpool Road, Apapa, Lagos, Nigeria.

**PAYMENT DETAILS**

**Account Name:** Nigerian Chamber of Shipping  
**Bank Name:** Fidelity Bank  
**Account Number:** 4010795160

**FURTHER INFORMATION**

**Telephone:** +2347046322261, +2349057003033, +2348173693313  
**Email:** [info@nigerian-shipping.org](mailto:info@nigerian-shipping.org), [operations@nigerian-shipping.org](mailto:operations@nigerian-shipping.org)  
**Website:** [www.nigerian-shipping.org](http://www.nigerian-shipping.org)

Kindly note the following information about the Workshop:

**Venue:** VIRTUAL (ONLINE VIA ZOOM)  
**Date:** 25<sup>TH</sup> – 27<sup>TH</sup> NOVEMBER, 2020  
**Time:** 09:00 AM – 04:00 PM DAILY.

Please use one form per person.

Commitment: By sending this registration form, I acknowledge that I commit myself to the immediate payment of the full course fee and that NCS can go ahead to plan/make necessary arrangements in respect of my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Registrant Form No: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Form Processed by: \_\_\_\_\_

Course Director Signature: \_\_\_\_\_