



# NIGERIAN INSTITUTE OF MANAGEMENT (CHARTERED)

Established by Act of the National Assembly No. 14, 2003

## CERTIFIED MANAGEMENT ORGANISATION (CMO)

### APPLICATION FORM

AFFIX RECENT  
COLOUR PASSPORT  
PHOTOGRAPH HERE

#### 1. REGISTERED NAME OF ORGANIZATION

#### 2. REGISTERED ADDRESS *(Permanent and Postal)*

  
  

#### 3. PHONE NUMBERS

<i>(Office)</i>	<i>(Mobile)</i>	<i>(Fax)</i>
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#### 4. WEBSITE/E-MAIL

#### 5. REGISTRATION HISTORY

<i>(Date of incorporation)</i>	<i>(Date Business started)</i>
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#### 6. NATURE OF OWNERSHIP *(Please tick)*

Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Others, please specify
Limited Liability	<input type="checkbox"/>	Public Liability	<input type="checkbox"/>	

#### 7. NAMES AND ADDRESSES OF EXECUTIVE DIRECTORS


**8. NATURE OF ACTIVITIES** *(Please tick)*

Management Consultancy <input type="checkbox"/>	Management Training <input type="checkbox"/>	Management Education <input type="checkbox"/>
Others		

**9. THIS APPLICATION IS FOR LICENCE AS A:** *(Please tick)*

Consultancy Organization <input type="checkbox"/>	Training Organization <input type="checkbox"/>	Educational Institution <input type="checkbox"/>
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**10. WHAT LEVELS AND CATEGORIES OF MANPOWER DO YOUR PROGRAMMES TARGET?**


**11. STATE YOUR CORE AREAS IN MANAGEMENT EDUCATION, TRAINING OR CONSULTANCY**


**12. NUMBER AND CATEGORY OF STAFF EMPLOYED**

Full-time Lectures/Consultants	Part-time Lectures/Consultants	Support Staff
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**13. LIST ANY FOREIGN OR LOCAL AFFILIATIONS OF YOUR ORGANIZATION**


**14. LIST THE METHODS OF TRAINING/INSTRUCTIONS ADOPTED IN YOUR PROGRAMMES**


**15. WHAT ARE THE TECHNIQUES USED FOR MEASURING PERFORMANCE IMPROVEMENT AFTER A SUCCESSFUL COMPLETION OF TRAINING/CONSULTANCY ASSIGNMENT?**


**16. STATE YOUR ORGANIZATION'S MISSION STATEMENT** *(If any)*


**17. STATE THREE MOST RECENT TRAINING/CONSULTING ASSIGNMENTS CARRIED OUT**


**18. LIST NAMES, ADDRESSES & PHONE NUMBERS OF CLIENTS TO SUPPORT 17 ABOVE**


**19. TRAINING FACILITIES**

**Buildings**

Number	Type	Owned or Rented	Location
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**Lecture Rooms**

Number	Smallest Room Capacity	Largest Room Capacity
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**Teaching Aids**

*(Specify Numbers)*

White Boards	Projectors	Computers	Multimedia	Others
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**20. IN WHICH AREAS DO YOU REQUIRE ASSISTANCE FROM GOVERNMENT OR ITS REGULATORY AGENCIES?**


## 20. INDICATE YOUR TURNOVER GROUP FOR THE LAST FINANCIAL YEAR (Please tick)

Please attach evidence of earnings

GROUP A (Above N50m)

GROUP B (N30m - N50m)

GROUP C (N10m-N30m)

GROUP D (Below N10m)

## 21. WHAT PERCENTAGE OF YOUR TURNOVER DERIVES FROM

CONSULTING  %

TRAINING  %

EDUCATION  %

OTHERS  %

## 22. IF YOUR ORGANIZATION HAS A LIBRARY, ASSESS THE ADEQUACY OF YOUR LIBRARY SERVICES USING THE FOLLOWING HEADINGS

A. Seating Capacity

B. Opening Hours

C. Open to the public?  
(Tick as appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

D. Adequately ventilated?  
(Tick as appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

E. No of Air conditioners

F. Ratio of Local to International Journals

G. Computer/Internet Service Available?  
(Tick as appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Number and minimum qualification of Library Staff

H. Percentage of Management books less than 10years old from date of publication.

## 23. DECLARATION

I, ..... declare that the Information given herein is correct to the best of my knowledge and belief. I agree to be governed by the provisions of the Nigerian Institute of Management Establishment Act No. 14, 2003 of the National Assembly and other Bye-laws of the Nigerian Institute of Management as they now exist and as they may hereafter be amended.

.....  
Chairman/CEO (Full Name)

.....  
Signature

.....  
Date

NOTE: Please return the completed Application Form to:

**The Registrar/Chief Executive**  
Nigerian Institute of Management (Chartered)  
**Management House**  
Plot 22, Idowu Taylor Street, Victoria Island,  
P. O. Box 2557, Lagos.

### For Official Use only

Date Received

Receipt Number

Name of Officer

Signature and Date

Licence Number

Official Remarks