

**MOTOR DEALERS ASSOCIATION OF ABUJA
(MODAAB)**

Suite B31, Shakir Plaza Area 11, Garki, Abuja.
Contact: 08033115578, 08036024475, 08033343567

**RE-CERTIFICATION/REGISTRATION
FORM**

PASSPORT
SIZE

NAME OF ORGANIZATION: _____

OFFICE ADDRESS: _____

IS COMPANY REGISTERED WITH C.A.C YES NO

IF YES, RC NO: _____

RE-CERTIFICATION (old members): YES NO

REGISTRATION (new members): YES NO

CHAIRMAN'S NAME: _____

HOME ADDRESS: _____

TELEPHONE NO: _____

I: _____ OF _____

I declare that all information given above is correct and if any is found not to be correct this re-certification/registration should be canceled.

SIGN: _____ DATE: _____

Please attached photocopy of C.A.C certificate and any other document that will assist in processing your re-certification/registration.

BANK PLC: 1014429328
ASSOCIATION OF ABUJA

ZENITH BANK PLC: 1014429328
MOTOR DEALERS ASSOCIATION OF ABUJA (MODAAB)

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MEMBERSHIP COMMITMENT FORM

COMPANY'S NAME: -----

RC NO: -----

CHAIRMAN'S NAME: -----

HOW MANY DEALERS DO YOU HAVE UNDER YOUR COMPANY?

DOES ANYONE OF THEM USE THEIR PERSONAL RECEIPT? YES NO

IF YES, NAME OF COMPANIES: -----

I, -----

CHAIRMAN/DIRECTOR OF -----

WILL BE A COMMITTED MEMBER OF MOTOR DEALERS ASSOCIATION OF ABUJA. I shall abide by all rules and regulations and be bided by all decisions taken by the association at all times.

Sign/Date

MOTOR DEALERS ASSOCIATION OF ABUJA (MODAAB)

Address Suite B 31 Shakir Plaza No.3 Mechika Street Area 11,
Garki Abuja.

ATTESTATION FORM

Name of Company:.....

Address of Company.....

TO BE FILLED BY REGISTERED MEMBERS OF MODAAB

1. Name of Company

b. Name of Company Chairman

c. Address of Company's.....

d. Chairman's Signature/Date

2. Name of Company's

b. Name of Company Chairman

c. Address of Company.....

d. Chairman's Signature/Date