



THE NIGERIAN INSTITUTE OF BUILDING

(STATUTORILY BACKED BY ACT CAP, B.13 LFN, 2004)

NATIONAL SECRETARIAT:

APDC Capital Estate, Opp. Brick City, By Mopol Barracks,
Kubwa Expressway, Kaba District, Abuja.
Tel:0909 304 4437

E-mail: niobskillscertboard@gmail.com Website: www.niobnat.org.ng

Affix
Passport
Photograph

APPLICATION FORM FOR BUILDING CRAFTSMEN/ARTISAN REGISTRATION

TRADE

Masonry, Bricklaying, Carpentry, Joinery, Plumbing, Welding, Aluminum Fabricating, Terrazzo /Marble/Tile/Pop Laying, Electrical Works, Painting

1. PERSONAL DATA

1. (a) Surname and Title: _____
- (b) Forenames: _____
- (c) Date of Birth: _____ State of Origin: _____
- (d) Contact Address: _____
- (e) Telephone No: _____ E-mail: _____
- (f) State Chapter: _____

2. (a) EDUCATION/APPRENTICESHIP TRAINING (AS APPLICABLE)

School Attended	Names	Certificates Awarded & Year
Primary		
Secondary		
Technical/Vocational		
Apprenticeship		

- (b) **SPECIAL NOTES:**
- (a) Attach photocopies of all relevant certificates
 - (b) Original Certificates must be sighted and photocopies endorsed to confirm its authenticity by a member of the Trade Association Executives
 - (c) Affix two (2) passport size photographs

MEMBERSHIP OF OTHER TRADE ASSOCIATION

TRADE ASSOCIATION	POSITION HELD	DATE ADMITTED

3. PRESENT EMPLOYMENT:

- (a) Title/Designation: _____ Date commenced: _____
- (b) Name & Address of Employer _____
- (c) Type of responsibilities _____

4. PAST EMPLOYMENT(S):

DATE	EMPLOYER	DESCRIPTION OF POST
From To		
From To		

5. I (full name) _____ hereby declare that the particulars given on this form are true in every respect and that I am in a bonafide practice (see note)-as I am not engaged in any different occupation except those stated on this form. If elected, I undertake to be bound by the Articles of Association, By-Laws, constitution and Code of Professional Conduct of the Nigerian Institute of Building and by any subsequent amendments and/alterations which may thereto at any time be made.

I enclose my remittance of ₦ _____ In payment of the fees.

Admission Fee _____
 Annual Subscription _____
 Award of Certificate/Election Letter _____
 Others _____
 Date: _____ Signature of Applicant: _____

6. REFEREES

To be signed by State Chapter Chairman of the Trade Union/Branch Head of the Unit.
 I certify that, to the best of my knowledge and belief that information given by the applicant on this form is correct and I consider him to be fit and proper for election

STATE CHAPTER RECOMMENDATION

A. CHAPTER CHAIRMAN

Name in block letters: _____ Signature & Date: _____
 Office Held: _____ Membership No: _____
 Recommendation: _____

NOTE: Payment shall be made to NIOB Zenith Bank No. 1013065271

7. FOR OFFICIAL USE ONLY

a.	Application Form	By Whom	Date
	Received		
	Acknowledged		

b. Payment of fees: Admission Fee _____
 Annual Subscription _____
 Award of Certificate _____

Receipt No. and Date

c. Date of submission of Application to Membership Committee _____

d. Grade of Membership approved _____ Elected Date _____

e. _____
 Chairman, Membership Committee Secretary, Membership Committee

f. Membership Number

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 g. Registration Number

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h. Membership Certificate Issued _____

i. Entry on Computer Card _____

Hon. General Secretary