



## CONSUMER PROTECTION COUNCIL

No. 17, Nile Street, Maitama, Abuja

Website: [www.cpc.gov.ng](http://www.cpc.gov.ng)

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Hotlines 08056002020; 08056003030

### CONSUMER PROTECTION ASSOCIATIONS (CPAs) REGISTRATION FORM

| <b>SECTION 1: GENERAL INFORMATION</b>  |
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| 1. NAME OF ORGANISATION:   |
| 2. ACRONYM (if any):   |
| 3. POSTAL ADDRESS:   |
| 4. OFFICE ADDRESS:   |
| 5. TEL.NO / E-MAIL/ WEBSITE ADDRESS:   |
| 6. MAIN CONTACT PERSON (NAME, E -MAIL, TEL. No.):                            |
| 7. CORPORATE AFFAIRS COMMISSION (CAC) REGISTRATION NO.<br>(ATTACH EVIDENCE): |
| <b>SECTION II - OPERATIONS</b>   |
| 1. AREA OF INTEREST/OPERATIONS (FOCUS):<br>a) ADVOCACY/SENSITIZATION         |

b) INTERFACE BETWEEN INDUSTRY/SERVICE PROVIDERS AND CONSUMERS

c) CONSUMER COMPLAINTS REDRESS

d) COLLABORATION WITH CPC ON SURVEILLANCE AND ENFORCEMENT ACTIVITIES

((TICK AS APPLICABLE))

2. GEOGRAPHICAL SCOPE OF OPERATIONS:

3. IF YOU TICKED (a) IN QUESTION '1'; PROVIDE INFORMATION ABOUT ACTIVITIES INCLUDING GRASSROOTS (WHERE APPLICABLE):

4. PROVIDE INFORMATION(WITH ATTACHED EVIDENCE) OF ACTIVITIES IN THE PAST ONE YEAR:

- I. ....
- II. ....
- III. ....

5. ORGANIZATIONAL OBJECTIVE/VISION OR MISSION:

6. AFFILIATION WITH ANY NATIONAL OR INTERNATIONAL CONSUMER ORGANIZATION (S):

**SECTION III: OTHER INFORMATION**

1. NATURE OF SUPPORT YOUR ORGANIZATION IS ABLE TO PROVIDE TO CPC:

- I. TECHNICAL
- II. FACILITATION
- III. OTHERS (PLEASE SPECIFY):

SIGN: .....SIGN: .....

CEO

SECRETARY

SECTION IV: OFFICIAL USE ONLY

DOCUMENT(S) SUBMITTED: .....

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DATE RECEIVED: .....

NAME OF PROCESSING OFFICER:

.....

SIGNATURE OF PROCESSING OFFICER: .....