



CNA Membership Application Form

Instructions

1. Complete all applicable sections. An incomplete form cannot be processed.
2. Completed application form for new members only should be accompanied with a bank draft of a non-refundable fee of 100, 000 Naira.
3. After processing of application form, Company shall be required to pay entry fee as appropriate based on their category - new member/ old (renewal).

| Section A-Contact Details | | | | |
|---------------------------|--|-------------------------------------|--|--|
| Company Name | | | | |
| Address | | | | |
| Operational Base Address | | | | |
| State | | Local Gov. Major Town/Community | | |
| Company Type | <input type="checkbox"/> Multinational | <input type="checkbox"/> Indigenous | | |

| Section B-Name of Directors and Nationalities | | |
|---|------|-------------|
| S/N | NAME | NATIONALITY |
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| Section C-Company Audited Account (for last 3 years) | | |
|--|------------------------------|-----------------------------|
| Submit attached electronic or hard copy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Section D-Type of Business (Oil & Gas) | | | | | |
|--|--|-----------------------------------|--------------------------------|-------------------------------|---------------------------------|
| Upstream | <input type="checkbox"/> Deep Offshore | <input type="checkbox"/> Offshore | <input type="checkbox"/> Swamp | <input type="checkbox"/> Land | <input type="checkbox"/> Others |
| | <input type="checkbox"/> Onshore | | | | |

| Section E- Provide Data for The Fields Below (for the past 2yrs) | | | | | | | | |
|--|---|------|--|------|--|------|------------------------------------|------|
| Year | Total annual Oil production (bbls) | | Total Pipeline vol. (bbls) | | Total Wells capable of flowing (no of wells) | | Total annual rig days (no of days) | |
| | 2017 | 2016 | 2017 | 2016 | 2017 | 2016 | 2017 | 2016 |
| Onshore | | | | | | | | |
| Offshore | | | | | | | | |
| Year | Total annual no of lifting (no. of lifting) | | Total annual delivery at refineries (bbls) | | Total petroleum product pipeline throughput (bbls) | | | |
| | 2017 | 2016 | 2017 | 2016 | 2017 | 2016 | | |
| Onshore | | | | | | | | |
| Offshore | | | | | | | | |

SECTION F

This form should be submitted with the following attachments.

1. SHE (Safety Health & Environment) policy
2. SHE (Safety Health & Environment) organization
3. SHE KPI (Key Performance Indicator) for the past three years
4. COMPANY'S First Tier Oil Spill Response Plan
(*Attach Inventory showing Type, Number and Location of Equipment*)
5. BANK DRAFT made payable to Clean Nigeria Associates Ltd/Gte.

I HEREBY UNDERTAKE ON BEHALF OF MY ORGANIZATION, THAT ONCE ACCEPTED INTO CNA AS A MEMBER MY ORGANIZATION SHALL COMPLY WITH ALL REGULATIONS GOVERNING CNA & IT'S ACTIVITIES, AS WELL AS ALL OBLIGATIONS OF THE CNA AGREEMENT.

NAME

DESIGNATION

SIGN. / DATE