** **

**CONSUMER PROTECTION COUNCIL**

No. 17, Nile Street,Maitama, Abuja

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Email: [Contact@cpc.gov.ng](mailto:Contact@cpc.gov.ng); Twitter: @cpcnig;

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Hotlines 08056002020; 08056003030

**CONSUMER PROTECTION ASSOCIATIONS (CPAs) REGISTRATION FORM**

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| **SECTION 1: GENERAL INFORMATION** |
| 1. NAME OF ORGANISATION: |
| 1. ACRONYM (if any): |
| 1. POSTAL ADDRESS: |
| 1. OFFICE ADDRESS: |
| 1. TEL.NO / E- MAIL/ WEBSITE ADDRESS: |
| 1. MAIN CONTACT PERSON (NAME, E -MAIL, TEL. No.): |
| 1. CORPORATE AFFAIRS COMMISSION (CAC) REGISTRATION NO. (ATTACH EVIDENCE): |
| **SECTION II - OPERATIONS** |
| 1. AREA OF INTEREST/OPERATIONS (FOCUS): 2. ADVOCACY/SENSITIZATION 3. INTERFACE BETWEEN INDUSTRY/SERVICE PROVIDERS AND CONSUMERS 4. CONSUMER COMPLAINTS REDRESS 5. COLLABORATION WITH CPC ON SURVEILLANCE AND ENFORCEMENT ACTIVITIES   ((TICK AS APPLICABLE) |
| 1. GEOGRAPHICAL SCOPE OF OPERATIONS: |
| 1. IF YOU TICKED (a) IN QUESTION ‘1’; PROVIDE INFORMATION ABOUT ACTIVITIES INCLUDING GRASSROOTS (WHERE APPLICABLE): 2. PROVIDE INFORMATION(WITH ATTACHED EVIDENCE) OF ACTIVITIES IN THE PAST ONE YEAR: 3. ………………………………………………………………………………………………… 4. ………………………………………………………………………………………………… 5. ………………………………………………………………………………………………... |
| 1. ORGANIZATIONAL OBJECTIVE/VISION OR MISSION: |
| 1. 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): |

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| SIGN: ………………………………SIGN: …………………  CEO SECRETARY |

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| SECTION IV: OFFICIAL USE ONLY |
| DOCUMENT(S) SUBMITTED: ………………………………………………….  ………………………………………………………………………………………………………..………………………….  ……………………………………………………………………………………………………………….……………………  DATE RECEIVED: ..…………………………………………………………………………………………………….  NAME OF PROCESSING OFFICER: ……………………………………………………………………………….  SIGNATURE OF PROCESSING OFFICER: .……………………………………………………….. |