



INSTITUTE OF PROFESSIONAL SECURITY STUDIES

Enhancing the Security Profession



YMCA (K) HQ, State House Road
P.O. Box 34987-00100, Nairobi-Kenya
0722 311 701, 0707 933 521,
0711 612 160, 0738 947 755
info@ipsskenya.com

INSTITUTE OF PROFESSIONAL SECURITY STUDIES

CORPORATE MEMBERSHIP APPLICATION FORM

**[PLEASE COMPLETE THE FORM IN BLOCKS CAPITALS AND SUBMIT IT TO THE IPSS OFFICES]
[INCOMPLETE APPLICATIONS WILL BE RETURNED UNACTIONED]**

I.C.A REF NO: _____ OFFICIAL USE ONLY

APPLICATION PROCEDURES

To qualify for Corporate Membership to the Institute, company must meet the following conditions.

CONDITIONS	OFFICIAL USE (DO NOT TAMPER)
Pay Application Processing fee of Kshs. 5,000.00 and Membership fee of Kshs 20,000.00 (includes cost of membership and card) to IPSS account number 0640293394531, Equity Hurlingham Branch	
Agree to abide with the IPSS Professional Code of Conduct	
Nominate a representative to the IPSS	
Indicate willingness to participate in the Security Company in the year Award and Security Manager of the year Award	

1) COMPANY INFORMATION

COMPANY NAME: _____

PHYSICAL LOCATION: _____

POST ADDRESS: _____ POST CODE: _____

TOWN: _____

OFFICE TELEPHONE NOS.: _____

FAX NO: _____

EMAIL ADDRESS: _____

AFFILIATES:



www.ipsskenya.com

2) TYPE OF BUSINESS

(Please give THE SPECIFIC BUSINESS)

3) COMPANY ACHIEVEMENTS/PROFESSIONAL ACHIEVEMENTS:

(Please give dates and list all Awards, certificates earned. Name the institution/organization awarding the certificate.)

ORGANIZATION	QUALIFICATIONS AWARDED	YEAR AWARDED

4) MEMBERSHIP/AFFILIATE TO PROFESSIONAL ASSOCIATIONS/ SOCIETIES.

(Please give details of membership e.g., affiliate member KIM, ICPAK, ASIS etc)

MEMBERSHIP	DURATION

5) DECLARATION

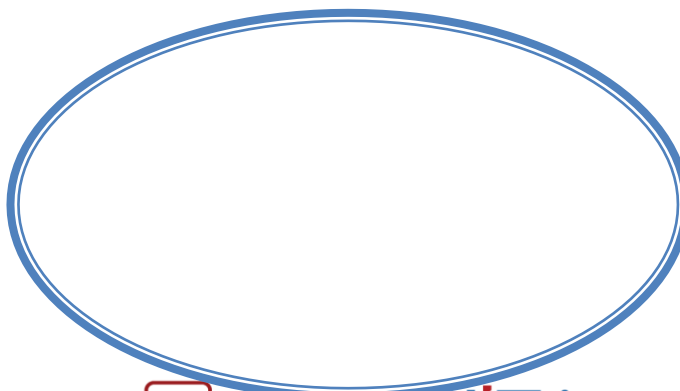
The Company declares that the information given here in is correct to the best of its knowledge and belief, and, if selected, agrees to be bound by the rules and regulations of the Institute of Professional Security Studies as they may exist and as they may hereafter be altered.

Authorized Person: _____

Signature of Authorized Person: _____ Date: _____

Appointment/Title: _____

COMPANY SEAL/RUBBER STAMP



AFFILIATES:



6) OFFICIAL USE ONLY

Approved/Not Approved: _____

Membership No: _____



AFFILIATES:

