



# The Institute of Risk Management

*Our Strength. Your Opportunity*

Hurlingham Park Suite C1, Argwings Kodhek Road, P.O Box 79084 – 00400 Nairobi Kenya, Tel: (0) 20 2632180, 0706 616581, 0736 638493, E-Mail: [info@irmke.org](mailto:info@irmke.org); [www.irmke.org](http://www.irmke.org)

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## APPLICATION FOR REGISTRATION OF CORPORATE MEMBERSHIP (Attach Certificate of Registration or Certificate of Incorporation)

1. Name of Company/Organization  
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  2. Physical Address of Registered Office  
.....
  3. Postal Address .....
  4. Tel. No. ....
  5. Email Address .....
  6. Nature of Business  
.....
  7. Number of Employees: .....
  8. Name of Managing Director, Chief Executive or Senior Partner  
.....
  9. Name of position of individual with whom Institute will deal  
.....
- Signed at..... This.....Day of..... 20.....
- For and on behalf of ..... Signature .....

**NB: All payments should be made by a cheque or bank transfers in favor of THE INSTITUTE OF RISK MANAGEMENT, Bank Details: KENYA COMMERCIAL BANK (KCB), HURLINGHAM BRANCH, A/C Number – 1167054148**

When completed this form should be returned in duplicate together with Certificate of Incorporation to:  
The Executive Director, IRM, P.O. Box 79084 - 00400, Nairobi Kenya

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