



RURAL WOMEN ENERGY SECURITY (RUWES) LIMITED

REGISTRATION FORM

DETAILS OF ORGANIZATION

Name of Organization _____

Type of Organization _____

Location of Organization _____

Contact Address of Organization _____

E-mail Address _____

Contact Telephone Number _____

DETAILS OF FOCAL PERSON

Name of Focal Person _____

Designation/Position of the Focal Person _____

Contact Address of the Focal Person _____

E-mail Address _____

Contact Telephone Number _____

Please note the following:

- i. If there is a change of the focal person in your organization, it is expected that you notify the RUWES Secretariat in writing to this effect*
- ii. The members of your organization should be thirty (30) or more women; and they should be rural or semi-rural*
- iii. Please fill the list of the members of your organization including their names, phone numbers, address, and local government area (LGA) in the form provided below*

DETAILS OF GUARANTOR

Name of Guarantor _____

Designation/Position of Guarantor _____

Contact Address of Guarantor _____

E-mail Address _____

Telephone Number _____

Signature of Focal Person

Signature of Guarantor

FOR OFFICIAL USE ONLY

REGISTRATION REQUIREMENTS

- Letter of Expression of Interest-----
- Profile of the Organization-----
- Certificate of Registration-----
- Statement of Account of the Organization-----
- Details of Registered Members-----
- Non-refundable administration Fee (₦5000)-----

The registration fee should be paid to the account **“Rural Women Energy Security; 0161211319; Guaranty Trust Bank Plc”** and the payment slip should be attached to the form for submission.

All completed registration forms should be submitted to the office of the RUWES National Secretariat at 7, Ahmadu A. Ali Crescent, Utako, Abuja **OR** Fill and submit the application online at www.ruwes.org.ng

Contact e-mail: info@ruwes.org.ng; yogidan@ruwes.org.ng

Phone No: +234(0)9062764360

LIST OF MEMBERS OF YOUR ORGANIZATION

S/N	NAME	PHONE No	ADDRESS	LGA
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