



## APPLICATION FOR ASSOCIATE MEMBERSHIP

*(All application forms to be submitted to [info@gvca-ghana.org](mailto:info@gvca-ghana.org))*

| <b>1. COMPANY DETAILS</b>          |                                   |                   |  |
|------------------------------------|-----------------------------------|-------------------|--|
| Company name in full:              |                                   | Registration no.: |  |
| Postal address:                    |                                   | Telephone no.:    |  |
|                                    |                                   | Fax no.:          |  |
| Physical address:                  |                                   | Website address:  |  |
|                                    |                                   | Digital Address:  |  |
| Contact person<br>(One name only): |                                   | Title (Position): |  |
| Email Address:                     | Contact person:<br>Company email: |                   |  |
| Number of full-time<br>Employees:  |                                   | VAT Number:       |  |
| Partners/Directors (Max. 6 names): |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |
| First name:<br>Surname:<br>Email:  |                                   |                   |  |



| <b>2. TYPE OF ORGANISATION</b>   |  |
|--|--|
| <i>Please Select the one that applies</i>                                      |  |
| <input type="checkbox"/> Accounting /Auditing Firm                             |  |
| <input type="checkbox"/> Bank  |  |
| <input type="checkbox"/> Business School                                       |  |
| <input type="checkbox"/> Consulting/Advising Firm                              |  |
| <input type="checkbox"/> Incubator/Accelerator/Enterprise Support Organization |  |
| <input type="checkbox"/> Institutional Investor/Association                    |  |
| <input type="checkbox"/> Insurance Company                                     |  |
| <input type="checkbox"/> Investment/Merchant Bank                              |  |
| <input type="checkbox"/> Law Firm  |  |
| <input type="checkbox"/> Pension Trustee/Fund Manager                          |  |
| <input type="checkbox"/> Placement Agent                                       |  |
| <input type="checkbox"/> Publishing / Research Firm                            |  |
| <input type="checkbox"/> Other (please specify below)                          |  |
|  |  |
|  |  |



### 3. MEMBERSHIP FEES

The membership fees for Associate Membership are as follows:

|                        |                                     |
|------------------------|-------------------------------------|
| Less than 10 employees | GHS 2,000 per annum (excluding VAT) |
| 10 - 20 employees      | GHS 3,000 per annum (excluding VAT) |
| More than 20 employees | GHS 4,000 per annum (excluding VAT) |

Membership fees are payable annually in advance for the calendar year January to December. Members wishing to cancel membership must give at least one month notice prior to 1 January.

a. Why do you want to become a member of GVCA? Please select from below:

|   |  |
|---|--|
| <input type="checkbox"/> Increase AUM                 |  |
| <input type="checkbox"/> Standards and best practices |  |
| <input type="checkbox"/> Networking opportunities     |  |
| <input type="checkbox"/> Research and Data            |  |
| <input type="checkbox"/> Other (please specify below) |  |
|   |  |

b. Where did you find out about GVCA?

c. References

(Please provide one reference who GVCA may contact directly. The referee must be a GVCA full member)

|                |  |
|----------------|--|
| Name:          |  |
| Email Address: |  |



Declaration:

We hereby confirm that we have acquainted ourselves with the GVCA Constitution and Code of Conduct and agree to:-

1. Abide by the [GVCA Constitution](#) and [Code of Conduct](#);
2. Complete the questionnaire for the Annual GVCA Survey; and
3. Comply with GVCA's Valuation and Reporting Guidelines.
4. Cancellation of GVCA membership is one months' written notice.
5. Cancellation should be emailed to [info@gvca-ghana.org](mailto:info@gvca-ghana.org). Any outstanding fees would need to be settled.

We further confirm that:-

1. The information provided to GVCA in this application form is truthful.
2. The applicant's membership of GVCA is subject to the information included in this application form and may be reconsidered at any time should the information be found or reasonably suspected to be untrue.
3. GVCA may, and is hereby authorised to, independently verify, by whatever means necessary including through third party service providers, any information relating to the applicant, whether such information is included in this application form or otherwise. Such verifications shall be conducted in accordance with GVCA's Guidelines .

Signature :

Date: \_\_/\_\_/\_\_

Name :

Title:

The GVCA Constitution and Code of Conduct are available on the website: [www.gvca-ghana.org](http://www.gvca-ghana.org)

**For Official Use Only**

Reference confirmed by .....

Business registration documents verified by .....

Application Approved by:



|                             |                      |
|-----------------------------|----------------------|
| <b>Head of Secretariat:</b> | <b>Board Member:</b> |
| <b>Signature:</b>           | <b>Signature:</b>    |
| <b>Name:</b>                | <b>Name:</b>         |