**GUIDANCE NOTES FOR COMPLETING THE MIPS CORPORATE MEMBER APPLICATION FORM**

1. Please read and complete the form carefully.
2. Malawi Institute of Procurement and Supply (MIPS) Board may on application, register an organization affiliated to the Institute as a corporate member.
3. The Board shall only register an organization as a corporate member of the Institute. pursuant to section 19 of the Act, if the organization’s profession is assessed and proved to follow best practices and values prescribed by the Institute. A corporate member may access the services of the Institute at a reduced rate and accorded recognition at gatherings or through press release of the Institute.
4. Registration fee is **K10, 000.00.** (This is a once off payment)
5. Annual Membership fees from 1 January 2020 are as follows: -

Full Member: **K 100, 000.00**

Affiliate Member: **K 120, 000.00**

Student Member: **K 30, 000.00**

Corporate Member: **K 200, 000.00**

Foreign Member **$ 400.00**

You can deposit the fee in any one of the following MIPS accounts as detailed:

|  |  |
| --- | --- |
| **FDH Bank** | **National Bank of Malawi** |
| *Account Name:* Malawi Institute of Procurement & Supply | *Account Name:* Malawi Institute of Procurement & Supply |
| *Account Number:* 1040000046518 | *Account Number:* 1001226602 |
| *Account Type:* Call Account | *Account Type:* Current Account |
| *Account Branch:* Blantyre  *SWIFT Code:* FDHFMWMW | *Account Branch:* Henderson Street  *SWIFT Code:* **NBMAMWMW001** |

Remember to send us your deposit slip to enable us process your receipt.

1. Please contact (1) Phone: 01832807 (2) Fax 01832779 E-mail: [rhitta.kasalika@mips.mw](mailto:rhitta.kasalika@mips.mw) or aubrey.limburo@mips.mw
2. Please send the completed form to the Malawi Institute of Procurement and Supply, Plantation House, 1st Floor, P. O. Box 31767, Chichiri, Blantyre 3. Or through the e-mail address given above.

NO:

**MIPS CORPORATE MEMBERSHIP APPLICATION FORM**

(Please read the guidance notes before completing the form)

1. Name of Organization:……………………………………………………………………………………………………………….
2. Postal and Physical Address:………………………………………………………………………………………

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1. E-mail: ……………………………………………………………………………………………………………………......................
2. Phone Number: ………………………………………………………………………………………………………
3. Business Address: ……………………………………………………………………………………………………………………………………………………………………………………………………………….

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1. Date of Incorporation: ………………………………………………………………………………………………………….................................
2. Certificate of Incorporation: ………………………………………………………………………………………………............................................
3. What is the Vision

………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Mission

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Goal and Core values of your organisation?

…………………………………………………………………………………..................................

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1. Outline your institution’s Main Activities:

……………………………………………………………………………………………………

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1. **Lead Manager Personal Information**

Title: Prof *Dr Mr Mrs Miss*

Male Female

First Names ……………………..…………...……………………………

Maiden Name ……………………….……………………………….

Surname ……………………………………………………………..

Date of Birth………………………………….…………………………………...

Telephone Number…………………………….…………………………...........

Cell Number ...............................................................................

Fax Number…………………….…………………………………………………

E-mail Addresses: Official ……………………….…………………………......

Personal.............................................................................

Postal Address: …………………………..……………………………………..

Country of Residence…………………………………………………………

1. **Employment Details:**

Company Name/Organization ……………………………………………..

Physical Address ……………………………………………..

Postal Address ……………………………………………..

…………………………………………….

Telephone Number ……………………………………………..

Fax Number ……………………………………………..

Date started ……………………………………………..

Position ……………………………………………..

Region ................................................................

***Brief description of duties***

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**To whom does your unit report to (tick)**

1. Executive Management

2. Top Management

3. Senior Management

4. Middle level management

1. **Career History**

|  |  |  |
| --- | --- | --- |
| **Company** | **Position** | **Duration (Years)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Qualifications**
2. State Highest ***Academic*** qualifications already achieved

Qualification .................................................................................................

Awarding Body .................................................................................................

Institution .................................................................................................

Year .................................................................................................

1. State Highest **Professional** qualification already achieved

Qualification .................................................................................................

Awarding Body .................................................................................................

Institution .................................................................................................

Year .................................................................................................

1. State other qualifications already achieved
2. Qualification Institution
3. Qualification Institution
4. Qualification Institution
5. State any qualifications you are studying for
6. Qualification Institution
7. Qualification Institution
8. Qualification Institution
9. **Professional membership**

*State the professional bodies in which you are a member*

1. Name of body………………………………………From………..To…………..
2. Name of body………………………………………From………..To…………..
3. **Other information**

*State other information you think is relevant to your application*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**DECLARATION**

1. I declare that the above information is true to the best of my knowledge, information and belief;
2. I agree to abide by any rules and regulations which may be applicable to members of the Malawi Institute of Procurement and Supply.

**Signature**………………………………………**Date**………………………………

**FOR OFFICIAL USE ONLY**

Name of Applicant .......……………………………………………………..

Category of membership ........……………………………………………………..

Approved .................………………..Not approved…………………………….

Comment(s)………………………………………………………………………......

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**Signature**……………………………………**Date**…………………………….........