**INSTITUTE OF FORENSICS AND ICT SECURITY (IFIS)**

## CORPORATE MEMBERSHIP REGISTRATION FORM

#### ****A. COMPANY INFORMATION****

|  |  |
| --- | --- |
| **Item** | **Details** |
| Company Name: |  |
| Registration Number: |  |
| Industry / Sector: |  |
| Year of Incorporation: |  |
| Company TIN: |  |

#### ****B. CONTACT INFORMATION****

|  |  |
| --- | --- |
| **Field** | **Details** |
| Organization Name: |  |
| Registration Number: |  |
| Industry / Sector: |  |
| Year of Incorporation: |  |
| Company TIN (if any): |  |

#### ****C. COMPANY REPRESENTATIVE****

| **Field** | **Details** |
| --- | --- |
| Full Name: |  |
| Position / Title: |  |
| Phone number: |  |
| Official Email Address: |  |
| Other email address (private): |  |

#### ****D. MEMBERSHIP FEES****

☐ Standard Corporate Membership (Up to 5 members) – UGX 5,000,000 per year

☐ Additional Member(s) – UGX 200,000 per person (Optional).

* **Number of additional members:** \_\_\_\_\_\_\_\_
* **Total payment:** UGX \_\_\_\_\_\_\_\_\_\_

#### ****E. BENEFITS ACKNOWLEDGEMENT****

By registering, the Organisation gains access to the following:

*a) Priority training slots for staff  
b) Exclusive access to forensic and cybersecurity reports and newsletter  
c) Customized security awareness training / more free sessions during cybersecurity awareness week  
d) Company listing on IFIS website as a corporate member*

*For more benefits, see attached membership benefits form or visit* [*www.forensicsinstitute.org*](http://www.forensicsinstitute.org)*.*

#### ****F. DECLARATION****

I hereby confirm that the information provided is true and complete.

**Authorized Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_

### *E. APPLICATION REQUIREMENTS*

Please provide the following documents via email to [admissions@forensicsinstitute.org](mailto:admissions@forensicsinstitute.org) or via online at forensicsinstitute.org:

☐ Certificate of Registration

☐ Brief Organization Profile

☐ Completed Membership Application Form

### *F. DECLARATION*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity as Authorized Position as a Representative of the Organization, declare that the information provided above is accurate and true. I agree to abide by the IFIS Code of Conduct and uphold professional and ethical standards.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***FOR OFFICIAL USE ONLY***  ☐ Approved ☐ Rejected  Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |