



College or Fellows Hall –

HQ Ijanikin, Lagos

Abuja Liaison Office

Hall Usage Request Form

Section A: Applicant Details

Name of Institution/Organization/Group: \_\_\_\_\_

Type of Organization (Tick one):

Government     NGO     Private     Academic     Other: \_\_\_\_\_

Address of Organization/Group: \_\_\_\_\_

Location of Organization/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Section B: Event Details

Title of Event: \_\_\_\_\_

Nature of Event (Training, Seminar, Workshop, etc.): \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Categories/Professional Cadre of Participants \_\_\_\_\_

Proposed Date(s) of Event: From \_\_\_\_\_ To \_\_\_\_\_

Time of Use: From \_\_\_\_\_ To \_\_\_\_\_

Expected Number of Participants: \_\_\_\_\_

Will refreshments/catering be served?     Yes     No

Who will provide refreshments/catering \_\_\_\_\_

## Section C: Facility Requirements

Tick the facilities required:

- Main Hall     Projector     Sound System     Chairs/Tables
- Breakout Rooms     Kitchen     Other (specify): \_\_\_\_\_

## Section D: Payment

Hall - Abuja Liaison Office

Big Hall: **₦100,000** per day exclusive of Generator & Cleaning Logistics

Small Halls: **₦60,000** per day exclusive of Generator & Cleaning Logistics

Other charges

**₦25,000** per day for cleaning

**₦100,000** per day for generator

Account details: Fellows account, Zenith Bank Plc, Account number – 1010778138

Total Agreed Fee (Word and in Figure): ₦ \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Payment Method (Tick one):     Bank Transfer     POS

Narration or Payment Purpose: \_\_\_\_\_

Attach proof of payment to this form.

## Section E: Terms and Acknowledgment

1. The information provided is accurate and complete.
2. The hall will be used for the stated purpose only.
3. All College property will be treated with care, and any damage will be reported and compensated.
4. Payments have been or will be made into the official College account.
5. I will comply with all instructions provided by the Liaison Office during the event.

Applicant's Name: \_\_\_\_\_

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

**Section F: Internal Use Only (To be completed by College)**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Status:

Approved by College Registrar       Not Approved by College Registrar

Comments/Conditions: \_\_\_\_\_

Approval Granted By: \_\_\_\_\_ Position: \_\_\_\_\_

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

Remita Receipt Number Issued: \_\_\_\_\_

Facility Use Log Updated and sent to College Registrar Office:       Yes       No

Assigned Support Staff (Name and Designation) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

