



ONDO STATE GOVERNMENT

BUREAU OF PUBLIC PROCUREMENT

VENDOR REGISTRATION DATA

SUPPLIER OF GENERAL GOODS

1 CORPORATE INFORMATION

- (i) Name of Company.....
- (ii) Location/Physical Address
- (iii) Telephone No(s):
- (iv) E-mail address.....
- (v) Web site
- (vi) Limited Liability Company Business Name Year of Registration..... Registration No.....
- (vii) Sector (area of interest).....
- (viii) Accompanying documents (tick available ones):

Certificate of Incorporation	<input type="checkbox"/> Certificate of Registration of company/Business Name	<input type="checkbox"/>
Articles and Memorandum of Association	<input type="checkbox"/> Form CAC 07 (Particulars of Directors)	<input type="checkbox"/>
Form CAC 02 (Particulars of Shareholders)	<input type="checkbox"/> Company Income Tax Clearance certificate for the last 3 years	<input type="checkbox"/>
VAT Registration Certificate	<input type="checkbox"/> Tax Clearance Certificate of Directors	<input type="checkbox"/>
Receipt of payment of Application Fees	<input type="checkbox"/> Development Levy for the last 3 years	<input type="checkbox"/>
Receipt of payment of Registration fees	<input type="checkbox"/> Company profile with resumes of key personnel	<input type="checkbox"/>
Evidence of Registration of Business Premises	Bank's Letter of Reference	<input type="checkbox"/>
with Ondo State Ministry of Trade, Investment	Audited Accounts for the last 3 Years	<input type="checkbox"/>
and Cooperatives	<input type="checkbox"/> Verifiable documentary evidence of projects executed in the	
Banking Details	<input type="checkbox"/> last five years	<input type="checkbox"/>

2. **COMPANY OWNERSHIP STRUCTURE:** (Extend list where necessary)

S/N	Name of Shareholders/Directors	Percentage Holding
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

3.

KEY MANAGEMENT & TECHNICAL STAFF: (Attach extra sheets if necessary)

S/N	Name of Staff	Academic & Professional Qualification(s)		
		Degree/Professional Certificate	Awarding Institution	Year obtained

6. **ATTESTATION:** *(To be filled by Chairman, Board of Director of the company)*

Name of Person Designation

Address

Contact Tel. No. E-Mail Address Fax No.

I hereby affirm that all information provided in the application for Registration of our company,

as A **a** SUPPLIER OF GOODS with Ondo State Government is correct and also accept full responsibility for any misstatement or misrepresentation of facts. I also authorize any designated official of Ondo State Government to carry out verification of data supplied in this application. The person whose name is here under listed is designated as the Corporate Liaison Officer with Ondo State Government on behalf of our organization or Company.

NAME OF PERSON		POSITION IN COMPANY	
YEARS OF ENGAGEMENT WITH COMPANY		TELEPHONE NO(S)	
EMAIL ADDRESS		SIGNATURE OF LIAISON OFFICER	

.....
SIGNATURE WITH COMPANY STAMP/DATE

7. **FOR OFFICIAL USE**

Name of Evaluation Officer: Designation:

Total Scores: Category Recommended:

Breakdown of Scores

Criteria	<u>Applied Scores</u>
Management
Site Management & Technical
Past Experience
Plant, Equipment & Machinery
Foreign Partnership etc
Financial Capacity

.....
Signature

.....
Date