

ONDO STATE GOVERNMENT

BUREAU OF PUBLIC PROCUREMENT

VENDOR REGISTRATION DATA

WORKS CONTRACTOR

1	CORPORATE INFORMATION		
(i)	Name of Company		
(ii)	Location/Physical Address		
(iii)	Telephone No(s):		
(iv)			
(v)			
(vi)	Limited Liability Company Business Nam	ne Year of Registration Registration No	
(vii)	Sector (area of interest)		
(viii)	Accompanying documents (tick available ones)):	
	Certificate of Incorporation	Certificate of Registration of company/Business Name	
	Articles and Memorandum of Association	Form CAC 07 (Particulars of Directors)	
	Form CAC 02 (Particulars of Shareholders)	Company Income Tax Clearance certificate for the last 3 years	
	VAT Registration Certificate	Tax Clearance Certificate of Directors	
	Receipt of payment of Application Fees	Pevelopment Levy for the last 3 years	
	Receipt of payment of Registration fees	Company profile with resumes of key personnel	
	Evidence of Registration of Business Premises	Bank's Letter of Reference	
	with Ondo State Ministry of Trade, Investment	Audited Accounts for the last 3 Years	
	and Cooperatives	Verifiable documentary evidence of projects executed in the	
	Banking Details	last five years	
		List of Plants and Equipment	

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	

		1

4. <u>LIST OF PLANTS AND EQUIPMENT OWNED/LEASED BY THE COMPANY:</u> [with information on their location/address and year of manufacture] (Attach extra sheets if necessary)

S/N	Description	Make	Model	Year of Manufacture	Chasis number	Engine number	Remarks

5. **RELEVANT EXPERIENCE OF COMPANY IN THE LAST 5 YEARS:** (Attach extra sheets if necessary)

S/N	Description of Contract	Client	Contract Value (Nigerian Naira Only)	Year of Award	Project Status	Documentary Evidence attached

6. **FINANCIAL VIABILITY**

S/N	Account Name	Bank	Branch and	Account	Balance as at	Supporting
			sort Code	Number	December 2018	Evidence

1	1	l				
ATTESTATION: (To be fille	d by Chairman of Director of th	he company)				
Name of Person		Desi	gnation			
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						
I hereby affirm that all infor	rmation provided in the application	ation for Registration	on or our compan	у,		
·	rmation provided in the applicate the Ondo State Government is c	-	·			
A WORKS CONTRACTOR with		correct and also acc	cept full responsib	ility for any misstatem	ent or mis-	
A WORKS CONTRACTOR with representation of facts. I also	th Ondo State Government is o	correct and also acc	cept full responsib	ility for any misstatem	ent or mis- f data supplied in	
A WORKS CONTRACTOR with representation of facts. I also	th Ondo State Government is one of the control of t	correct and also acc	cept full responsib	ility for any misstatem	ent or mis- f data supplied in	
A WORKS CONTRACTOR with representation of facts. I also this application. The person	th Ondo State Government is one of the control of t	correct and also acc fficial of Ondo State sted is designated a	cept full responsib	ility for any misstatem carry our verification of aison Officer with Ond	ent or mis- f data supplied in	
A WORKS CONTRACTOR with representation of facts. I also this application. The person on behalf of our organization name of Person	th Ondo State Government is one of the control of t	correct and also acc fficial of Ondo State sted is designated a	cept full responsible Government to one of the Corporate Light Company	ility for any misstatem carry our verification of aison Officer with Ond	ent or mis- f data supplied in	
A WORKS CONTRACTOR with representation of facts. I also this application. The person on behalf of our organization name of Person YEARS OF ENGAGEMENT	th Ondo State Government is one of the control of t	correct and also acc fficial of Ondo State sted is designated a	cept full responsible Government to one of the Corporate Li	ility for any misstatem carry our verification of aison Officer with Ond	ent or mis- f data supplied in	
A WORKS CONTRACTOR with representation of facts. I also this application. The person on behalf of our organization name of Person	th Ondo State Government is one of the control of t	correct and also acc fficial of Ondo State sted is designated a	cept full responsible Government to one of the Corporate Light Company	ility for any misstatem carry our verification of aison Officer with Ond	ent or mis- f data supplied in	

7.

EMAIL ADDRESS		SIGNATURE OF LIAI	SON
		OFFICER	
		SIGNATU	IRE WITH COMPANY STAMP/DATE
FOR OFFICIAL USI			
Name of Evaluation	on Officer:	Designation:	
Total Scores:	Category Recon	nmended:	
	Breakdown of Scores		
	Criteria		Applied Scores
	Management		
	Site Management & Technical		
	Past Experience		
	Plant, Equipment & Machinery		
	Foreign Partnership etc		
	Financial Capacity		
		••	
Signature			Date

8.