



# **ONDO STATE GOVERNMENT**

## **BUREAU OF PUBLIC PROCUREMENT**

**VENDOR REGISTRATION DATA**

**SERVICE PROVIDER**

**1 CORPORATE INFORMATION**

- (i) Name of Company.....
- (ii) Location/Physical Address .....
- (iii) Telephone No(s): .....
- (iv) E-mail Address .....
- (v) Website .....
- (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"/> |
| For Consultants applying for Registration as described in Section 2(i) – 2(iv) of the Application Forms evidence of |                          |   |                          |
| Banking Details   | <input type="checkbox"/> | Registration with Ondo State Ministry of Works                | <input type="checkbox"/> |
| Verifiable documentary evidence of projects<br>executed in the Last 5 years   | <input type="checkbox"/> | List of equipment or technology available for deployment      | <input type="checkbox"/> |
| Audited Accounts for the last 3 Years   | <input type="checkbox"/> |   |                          |

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

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

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

<b>S/N</b>	<b>Name of Staff</b>	<b>Academic &amp; Professional Qualification(s)</b>		
		<b>Degree/Professional Certificate</b>	<b>Awarding Institution</b>	<b>Year obtained</b>






6. **ATTESTATION:** *(To be filled by Chairman 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 SERVICE PROVIDER with Ondo State Government is correct and also accept full responsibility for any mis-statement or mis-representation 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.

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

.....  
**SIGNATURE WITH COMPANY STAMP/DATE**

7. **FOR OFFICIAL USE**

Name of Evaluation Officer: ..... Designation: .....

Total Scores Applied: ..... Category Recommended: .....

**Breakdown of Scores**

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

.....  
**Signature**

.....  
**Date**