



# **ONDO STATE GOVERNMENT**

## **BUREAU OF PUBLIC PROCUREMENT**

### **VENDOR REGISTRATION DATA**

#### **SERVICE PROVIDERS**

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	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	Development Levy for the last 3 years
Receipt of payment of Registration fees	Company profile with resumes of key personnel

For Consultants applying for Registration as described in Section 2(i) – 2(iv) of the Application Forms evidence of

Banking Details

Registration with Ondo State Ministry of Works

Verifiable documentary evidence of projects

executed in the Last 5 years

List of equipment or technology available for deployment

Audited Accounts for the last 3 Years

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		





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5. **FINANCIAL VIABILITY**

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

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**