

# ONDO STATE GOVERNMENT

# **BUREAU OF PUBLIC PROCUREMENT**

**VENDOR REGISTRATION DATA** 

**SUPPLIER OF GENERAL GOODS** 

#### **CORPORATE INFORMATION** 1

(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		Certificate of Registration of company/Business Name
	Articles and Memorandum of As	ssociation	Form CAC 07 (Particulars of Directors)
	Form CAC 02 (Particulars of Shar	reholders)	Company Income Tax Clearance certificate for the last 3 years

Tax Clearance Certificate of Directors

VAT Registration Certificate 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

Bank's Letter of Reference Evidence of Registration of Business Premises

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

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

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

## **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

4. <u>RELEVANT EXPERIENCE OF COMPANY IN THE LAST 5 YEARS</u>: [Inclusive of Evidence of relationship with Foreign and Local Manufacturers, Representative, Distributorship or Retailership, Commercial Agreement, Franchises, etc] (Attach extra sheets if necessary)

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

#### 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, Board of Director of the company)			
	Name of Person	Designation	
	Address		

	E-I	Mail Address	<del>Fax No</del>				
I hereby affirm that all information provided in the application for Registration of our company,							
as <del>A</del> a SUPPLIER OF GOOI	DS with Ondo State Government is co	rrect and also accept full respons	bility for any misstatement or m				
representation of facts. I	also authorize any designated officia	l of Ondo State Government to ca	rry ou <mark>tr</mark> verification of data supp				
this application. The pers	son whose name is here under listed i	is designated as the Corporate Lia	ison Officer with Ondo State Gov				
on behalf of our organiza	ition or Company.						
NAME OF PERSON		POSITION IN COMPANY					
YEARS OF ENGAGEMENT WITH COMPANY	-	TELEPHONE NO(S)					
EMAIL ADDRESS		SIGNATURE OF LIAISON					
LIVIAIL ADDRESS		OFFICER					
LIVIAIL ADDRESS		OFFICER					
LIVIAIL ADDRESS			ITH COMPANY STAMP/DATE				
FOR OFFICIAL USE	<b>C</b> ************************************	SIGNATURE W	·				
<b>FOR OFFICIAL USE</b> Name of Evaluation Of	ficer:	SIGNATURE W Designation:					
<b>FOR OFFICIAL USE</b> Name of Evaluation Of	ficer: Category Reco	SIGNATURE W Designation:					
FOR OFFICIAL USE  Name of Evaluation Of  Total Scores:	Category Reco	SIGNATURE W Designation:	······································				
FOR OFFICIAL USE  Name of Evaluation Of  Total Scores:	Breakdown of Scores Criteria	SIGNATURE W Designation:					
FOR OFFICIAL USE  Name of Evaluation Of  Total Scores:	Breakdown of Scores Criteria Management	SIGNATURE W Designation:	······································				
FOR OFFICIAL USE  Name of Evaluation Of  Total Scores:	Breakdown of Scores Criteria Management Site Management & Technical	SIGNATURE W Designation:	······································				
FOR OFFICIAL USE  Name of Evaluation Of  Total Scores:	Breakdown of Scores Criteria Management	SIGNATURE W Designation:	Applied Scores				

Signature	Date
Financial Capacity	
Foreign Partnership etc	