



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

with Ondo State Ministry of Trade, Investment
and Cooperatives
Banking Details

Audited Accounts for the last 3 Years

Verifiable documentary evidence of projects executed in the
last five years

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		

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 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.

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