

# **ONDO STATE GOVERNMENT**

## **BUREAU OF PUBLIC PROCUREMENT**

**VENDOR REGISTRATION DATA** 

**WORKS CONTRACTOR** 

#### 1 **CORPORATE INFORMATION**

Receipt of payment of Registration fees

Evidence of Registration of Business Premises

(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 navment of Application Fees	Development Levy for the last 3 years						

Company profile with resumes of key personnel

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/	Name of Shareholders/Directors	Percentage Holding
N		
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		

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

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7.	<b>ATTESTATION:</b>	(To be filled by Chairman of Director of the company)	
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Name of Person	Designation		· • •
Address			
Contact Tel. No.	E-Mail Address	Fax No	
I hereby affirm that all information provided in the ap	pplication for Registration of our com	pany,	as
A WORKS CONTRACTOR with Ondo State Governmen	nt is correct and also accept full respo	nsibility for any misstatement or mis-	
representation of facts. I also authorize any designate	ed official of Ondo State Government	to carry our verification of data supplied in	
this application. The person whose name is here unde	er listed is designated as the Corpora	te Liaison Officer with Ondo State Governmer	nt
on behalf of our organization or Company.			

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

8.	FOR OFFICIAL USE		SIGNATURE WITH COMPANY STAMP/DATE
	Name of Evaluation	Officer: Designat	on:
	Total Scores:	Category Recommended:	
		Breakdown of Scores	
		Criteria	Applied Scores
		Management	
		Site Management & Technical	
		Past Experience	
		Plant, Equipment & Machinery	
		Foreign Partnership etc	
		Financial Capacity	

Signature	Date