

VENDOR REGISTRATION ELIGIBILITY

FORM A



The information you provide in this form will be used to assess your eligibility to supply goods or services to CSCCL. Please note that any information shared with CSCCL will be safeguarded against disclosure to third parties, in line with CSCCL's Compliance and Ethics Policy.

GENERAL INFORMATION

Company Name	
Date of Incorporation	
CAC RC No.	
Name of Director(s) 1. 2. 3.	
Type of Business	
Business Address City State Country	
Contact details Phone No.	

E-mail Address Website Address	
Contact Person Name Designation Phone No.	

EXECUTED JOBS *(Please state the category of recent jobs done by your company)*

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Tax Identification Number	
VAT Registration No.	

BANK ACCOUNT INFORMATION

Bank Name		Account Number	
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Account Name		Sort Code	
Payment Terms			

MANDATORY DOCUMENTS TO SUBMIT

(Provide mandatory documents marked "X".)

x	Vendor Registration Form A	
x	Due Diligence Form B	
x	Corporate Documents <ul style="list-style-type: none"> • Certificate of Incorporation/ Registration • CAC 2.1 • Memart • Annual Returns or any other applicable forms CAC 7A and 2A. 	
x	Income Tax Clearance Certificate	Provide Tax Exemption Certificate
x	VAT Registration Certificate	Provide Tax Exemption Certificate
x	Registration proof with the Nigerian Content Development and Monitoring Board (NCDMB)	
x	Nigerian Content Equipment Certificate (NCEC)	
x	NUPRC Permit	
x	Health, Safety, and Environment (HSE) Policies and Procedures	
x	Quality Assurance / Quality Control (QA/QC) Policies and Procedures	
	Pencom	
	ITF	
	NSITF	
x	Certification/Accreditation	
x	Bank Reference Letter	Provide bank details (A/c Name, A/c Number, Sort Code Swift code)

		& Branch) on your official letter head
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Please note:

Bank Reference Letter must include Bank Details: Account Name, Account Number, Sort Code Swift code and Branch.

I, the undersigned, warrant that the information provided in this form is correct and in effect at the time of submission. In the event there are changes to the above, details will be provided to CSCCL as soon as possible.

Name: _____

Date: _____

Company: _____