

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

FOR OFFICE USE

REGISTRATION RECEIPT NO.....

OFFICER:

DATE:.....

(To be completed and returned to the College Registrar, National Postgraduate Medical College of Nigeria, KM 26, Lagos Badagry Expressway, Ijanikin, P. M. B. 2003, Ijanikin, Lagos)

APPLICATION FOR REGISTRATION AS A CONTRACTOR/SUPPLIER FOR YEAR

REGISTERED BUSINESS NAME AND ADDRESS (WITH TELEPHONE NUMBER IF ANY)

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NAMES OF PARTNERS AND/OR DIRECTORS WITH THEIR QUALIFICATIONS AND RESPONSIBILITIES IN THE COMPANY

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DETAILS OF PREVIOUS WORKS DONE:

CLIENT	NATURE OF WORK	COMPLETION COST	COMPLETION PERIOD (IN MONTHS)

GIVE THE NAMES AND ADDRESSES OF THREE (3) REFEREES FAMILIAR WITH OR ASSOCIATED WITH ONE OR MORE OF YOUR COMPLETED PROJECTS AND TO WHOM INQUIRIES MAY BE DIRECTED.

NAME	ADDRESS	RELATED PROJECT

COMPANY SPECIALTY:.....

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CATEGORY OF REGISTRATION REQUIRED:

EXISTING REGISTRATION WITH GOVERNMENT, MINISTRY OR PARASTATAL (STATE CATEGORY OF REGISTRATION AND DATES).....

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BANK REFERENCE:.....

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INDICATE DOCUMENTS ATTACHED

- TAX CLEARANCE CERTIFICATE
- CERTIFICATE OF INCORPORATION
- BANK STATEMENT OF ACCOUNT FOR THE LAST SIX MONTHS
- OTHERS (SPECIFY)

SIGNATURE:

STATUS IN THE COMPANY:

DATE:.....