

# 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**

.....

.....

**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:**.....  
 .....

**CATEGORY OF REGISTRATION REQUIRED:** .....

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

**BANK REFERENCE:**.....  
 .....

**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:**.....