STATE UNIVERSITY OF MEDICAL AND APPLIED SCIENCES

IGBO-ENO, ENUGU STATE

**APPLICATION FORM FOR REGISTRATION AS UNIVERSITY CONTARCTOR**

This application form is to be completed by suitably qualified organizations and individuals wishing to be registered as University contractors.

Tenders are usually invited in the areas of construction (Civil, Electrical, Mechanical), Maintenance and Supplies of Furniture, Equipment and General goods.

The fees for Application Form and Registration are as shown below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Categories of Contractors | Range of contract Value | Registration/Re-Registration Fee (N) | Annual Renewal fee (N) |
| 1. | Large Scale | 50 Million naira and above | 250,000 | 50,000 |
| 2. | Medium Scale | 1-49 Million naira | 100,000 | 20,000 |
| 3. | Small Scale | 200,000 to 999,000 | 20,000 | 10,000 |

1. Name of Company:----------------------------------------------------------------------------------------------------
2. Address of company (Head Office):----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
3. Branches of Company (If any):-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. Place and Date of Incorporation of Company:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
5. Chairman’s and/or Managing Director’s:
6. Name-----------------------------------------------------------------------------------------------------------
7. Phone Number------------------------------------------------------------------------------------------------
8. Email Address------------------------------------------------------------------------------------------------
9. Name and Address of Bankers------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
10. Is the application in respect of a Limited Liability Company or a Jointly Owned Company (Partnership) or Private Individual-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
11. If Partnership, complete the table below for details of Partners:

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | NAME | PHONE NUMBER | EMAIL ADDRESS |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

1. Attach the following:
2. List of your bankers showing address
3. Authority permitting the University if necessary, to get information on your financial ability from your Bank
4. Corporate Affairs Commission (CAC) registration Certificate, Article and Memorandum of Association
5. Tax Clearance Certificate for the past three years
6. Details and Qualifications of your staff
7. A list (including proof of ownership and registration number if applicable) of the transport facilities, plant and equipment you have.
8. If Supplies Contractor, attach a list of goods previously supplied to persons/organizations showing value of contract, name and address of persons who awarded the contracts
9. A list of jobs done and those currently in progress, showing value of contract, type of job, percentage completion, name of your client in each case
10. Indicate area of Business Interest--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
11. If Supplies Contract, indicate goods that your company supplies----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
12. If you have registered as a major contractor with Federal and/or State Government, complete the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Government | Date of Registration | Registration No | Category and Class Registered |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. State the years of experience you have as a Construction/Maintenance or Supplies Contractor

This registration is renewable every year

Date-------------------------------------------------------------------------------------------------------------------------

Signature-------------------------------------------------------------------------------------------------------------------

Name------------------------------------------------------------------------------------------------------------------------

Designation-----------------------------------------------------------------------------------------------------------------

*For Official Use*

1. Registrable/not Registrable------------------------------------------------------------------------------------------
2. Verification Officer (Name, Signature and Date)--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------