



PUBLIC PROCUREMENT AGENCY
REGISTRATION/ RENEWAL
Contractor/ Supplier/ Consultant

Affix Passport Photograph of the Managing Director/ CEO
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1. **BUSINESS NAME:**
- (N.B. If unincorporated, please provide Name of Business Owner):
2. **BUSINESS ADDRESS:**
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3. **CORRESPONDENCE ADDRESS (if different from above):**
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4. **TELEPHONE NO(s):**
5. **E-MAIL/WEB SITE (IF ANY):**
6. **CONTACT PERSON:**
7. **STATUS OF CONTACT PERSON IN COMPANY:**
8. **NATURE OF BUSINESS:**
9. **AREA OF CORE COMPETENCE: (Tick as appropriate)**

GOODS	WORKS	CONSULTING SERVICES
Office Equipment <input type="checkbox"/>	Drainages <input type="checkbox"/>	Pre Investment
Furniture & Fittings <input type="checkbox"/>	Bridges <input type="checkbox"/>	Sector Studies <input type="checkbox"/>
Computers & Accessories <input type="checkbox"/>	Buildings Construction <input type="checkbox"/>	Feasibility Studies <input type="checkbox"/>
Stationeries <input type="checkbox"/>	Building Maintenance / Renovation <input type="checkbox"/>	Project Preparation
Medical Equipment <input type="checkbox"/>	Roads Construction / Culverts <input type="checkbox"/>	Detailed Studies/ Master Plan <input type="checkbox"/>
Vehicles & Accessories <input type="checkbox"/>	Road Furniture & Infrastructure <input type="checkbox"/>	Design and Specifications <input type="checkbox"/>
Heavy Duty Equipment <input type="checkbox"/>	Electrical Services <input type="checkbox"/>	Preparation of Bidding Documents <input type="checkbox"/>
Information & Communication Equipment <input type="checkbox"/>	Mechanical Services <input type="checkbox"/>	Implementation
Pharmaceuticals <input type="checkbox"/>	Treatment/ Chemical Plants <input type="checkbox"/>	Procurement <input type="checkbox"/>
Petroleum Products <input type="checkbox"/>	Others (Specify):	Project Management <input type="checkbox"/>
Safety/ Protective Equipment <input type="checkbox"/>		Construction Supervision and Inspection <input type="checkbox"/>
Engineering Equipment <input type="checkbox"/>		Information Systems <input type="checkbox"/>
		Accounting And Auditing <input type="checkbox"/>

Laboratory Equipment <input type="checkbox"/> Chemicals & Laboratory Reagents <input type="checkbox"/> Others (Specify):	Technical Assistance Advisory Services <input type="checkbox"/> Training & Capacity Building <input type="checkbox"/> Institution & Management Analysis <input type="checkbox"/> Others (Specify):
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10. CATEGORIES OF REGISTRATION: (Registration and Annual Renewal Fees Payable)

CLASS	CONTRACT VALUE/THRESHOLD	Contractors & Suppliers		SELECT AS APPROPRIATE	Consultants		SELECT AS APPROPRIATE
		GOODS, WORKS & NON CONSULTING SERVICES			CONSULTANCY SERVICES		
		REGISTRATION FEES	ANNUAL RENEWAL FEES		REGISTRATION FEES	ANNUAL RENEWAL FEES	
A	N0.5Million to N10million	N50,000.00	N25,000.00		N25,000.00	N12,500.00	
B	Above N10million - N100million	N150,000.00	N50,000.00		N75,000.00	N25,000.00	
C	Above N100million - N250million	N250,000.00	N75,000.00		N125,000.00	N45,000.00	
D	Above N250million - N1Billion	N500,000.00	N200,000.00		N250,000.00	N100,000.00	
E	Above N1Billion	N2MILLION	N500,000.00		N1MILLION	N250,000.00	

NB. Prospective or Existing Contractors/ Suppliers/ Consultants/Service Providers are required to Select Appropriate Class

11. COMPANY/ INDIVIDUAL PARTICULARS

a. (To be completed by *Incorporated Companies only*)

1. Date of Incorporation:
2. CAC. RC:
3. Authorized Share Capital (N):
4. Banker(s):

b. (To be completed by *Limited Partnerships only*)

1. Date of Registration/Renewal:
2. Registration No:
3. Capital Contribution by Partners:

c. (To be completed by *Individual Consultants only*)

1. Name of Professional Body:
2. Date of Professional Registration:
3. Professional Registration No:

12. DETAILS OF DIRECTORS/PARTNERS: (To be completed by Incorporated Companies and Limited partnership)

S/N	NAME(S)	TELEPHONE NOS.	ADDRESS

13. PLEASE TICK AS APPROPRIATE TO INDICATE DOCUMENTS SUBMITTED: (For purpose of registration)

S/N	DETAILS	YES	NOT APPLICABLE
i.	Application Letter for Registration addressed to the General Manager (PPA)		
ii.	Duly completed Application Form		
iii.	Evidence of Payment of Registration Fee.		
iv.	Certificate of Incorporation		
v.	CAC Form 2: (Statement of Share Capital)		
vi.	CAC Form 7/ 7A: (Particulars of first Director/ Notice of Change of Directors)		
vii.	Copy of Company's Article /Memorandum of Association (<i>Not applicable to Business Names</i>)		
viii	Current 3 years Personal Income Tax (Lagos State Government) Clearance Certificate and Development Levy for Two (2) Directors listed in Company's CAC Form 7/7A (<i>One Director in Case of Business Names</i>)		
ix	Evidence of remittance of Pay As You Earn Tax for key staff (<i>Not applicable to Business Names</i>)		
x	Company Profile detailing the Company's Structure, Key Personnel with supported Professional Licenses/ Certificates and Similar Jobs executed in the past.		
xi	Curriculum Vitae of Individual Consultant supported by Professional Licenses/ Certificates		

14. PLEASE TICK AS APPROPRIATE TO INDICATE DOCUMENTS SUBMITTED: (For purpose of renewal)

S/N	DETAILS	YES	NOT APPLICABLE
i.	Application Letter for Renewal addressed to the General Manager (PPA)		
ii.	Duly completed Application Form		
iii.	Evidence of Payment of Renewal Fee.		
iv	Evidence of remittance of preceding year's Tax Clearance Certificate and Development Levy for Two (2) Directors listed in Company's CAC Form 7/7A (<i>One Director in Case of Business Names</i>)		
v	Evidence of remittance of Pay As You Earn Tax for key staff (<i>applicable to Limited Liability Company</i>)		
vi	Copy of Letter of Registration or Last Renewal		

15. ALL PAYMENTS SHOULD BE PAID TO LASG ACCREDITED BANKS:

Contractor Registration/Renewal Fee;_Request for Bank TSA Account;

Revenue Code=4020040

Agency Code=4110001 In Company's name.

Consultant Registration fee; Request for Bank TSA Account;

Revenue Code=4020047

Agency Code=4110001 In Company's name.

Renewal Fee for Consultant

Revenue Code =4020083

Agency Code =4110001 In Company's name.

Development Levy = Request for Bank TSA Account;

In Director's name

Revenue Code=4010014

Agency Code=4250000

Pay as You Earn = Request for Bank TSA Account;

In Company's name

Revenue Code= 4010001

Agency Code= 4250000

16. ATTESTATION

I certify that all the information provided above is true and accurate.

SIGNATURE: DATE:

FOR OFFICIAL USE ONLY:

1. Class of Contractor:

2. PPA Registration Number:

3. Date Registered as a Contractor/ Supplier/ Consultant:

4. Next Date of Renewal:

Verified By:

Designation:

Signature & Date: