



PUBLIC PROCUREMENT AGENCY
REGISTRATION/ RENEWAL
Contractor/ Supplier/ Consultant

Affix Passport Photograph of the Managing Director/ CEO
--

1. BUSINESS NAME:
- (N.B. If unincorporated, please provide Name of Business Owner):
2. BUSINESS ADDRESS:
-
3. CORRESPONDENCE ADDRESS (if different from above):
-
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	NON- CONSULTING SERVICES	CONSULTANCY SERVICES
Office Equipment <input type="checkbox"/>	Drainages <input type="checkbox"/>	Utility Management <input type="checkbox"/>	Pre Investment Sector Studies <input type="checkbox"/>
Furniture & Fittings <input type="checkbox"/>	Bridges <input type="checkbox"/>	Facility Management <input type="checkbox"/>	Feasibility Studies <input type="checkbox"/>
Computers & Accessories <input type="checkbox"/>	Buildings Construction <input type="checkbox"/>	Operations & Maintenance Management Services <input type="checkbox"/>	Project Preparation Detailed Studies/ Master Plan <input type="checkbox"/>
Stationeries <input type="checkbox"/>	Building Maintenance / Renovation <input type="checkbox"/>	Repairs <input type="checkbox"/>	Design and Specifications <input type="checkbox"/>
Medical Equipment <input type="checkbox"/>	Roads Construction / Culverts <input type="checkbox"/>	Event Planning <input type="checkbox"/>	Preparation of Bidding Documents <input type="checkbox"/>
Vehicles & Accessories <input type="checkbox"/>	Road Furniture & Infrastructure <input type="checkbox"/>	Financial Services <input type="checkbox"/>	Implementation Procurement <input type="checkbox"/>
Heavy Duty Equipment <input type="checkbox"/>	Electrical Services <input type="checkbox"/>	Procurement & Travel <input type="checkbox"/>	Project Management <input type="checkbox"/>
Information & Communication Equipment <input type="checkbox"/>	Mechanical Services <input type="checkbox"/>	Health, Environment & Safety Services <input type="checkbox"/>	Construction Supervision and Inspection <input type="checkbox"/>
Pharmaceuticals <input type="checkbox"/>	Treatment/ Chemical Plants <input type="checkbox"/>	Hotel Management <input type="checkbox"/>	Information Systems <input type="checkbox"/>
Petroleum Products <input type="checkbox"/>		Media Services <input type="checkbox"/>	Accounting And Auditing <input type="checkbox"/>
Safety/ Protective Equipment <input type="checkbox"/>			

Engineering Equipment <input type="checkbox"/>			Technical Assistance <input type="checkbox"/>
Laboratory Equipment <input type="checkbox"/>			Advisory Services <input type="checkbox"/>
Chemicals & Laboratory Reagents <input type="checkbox"/>			Training & Capacity Building <input type="checkbox"/>
Others (Specify):	Others (Specify):	Others (Specify):	Institution & Management Analysis <input type="checkbox"/>
			Others (Specify):

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			CONSULTANCY SERVICES & NON CONSULTING 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 with Passport Photograph		
iii.	Evidence of Payment of Registration Fee.		
iv.	Certificate of Incorporation/Registration of Business Name		
v.	CAC Form 2: (Statement of Share Capital)		
vi.	CAC Form 7/ 7A: (Particulars of first Director/ Notice of Change of Directors\For Business Name, Particulars of Proprietorship)		
vii.	Copy of Company Memorandum & Articles of Association		
Viii	Evidence of Filing Annual Returns or Notice of Assessment of Tax		
ix	Current 3 years Personal-Lagos State Government Tax Clearance Certificate as well as Development Levy of Chief Executive Officer and One (1) Director. (In Case of Business Names One(1) Director is sufficient).		
x	Evidence of remittance of Pay As You Earn Tax for key staff (Not applicable to Business Names)		
xi	Company Profile detailing the Company's Structure, Key Personnel supported with Professional Licenses/ Certificates, Curriculum Vitae and Similar Jobs executed in the past.		
xii	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 Filing Annual Returns or Notice of Assessment of Tax		
v	Evidence of remittance of preceding year's Tax Clearance Certificate as well as Development Levy of Chief Executive Officer and One (1) Director.		
vi	Evidence of remittance of Pay As You Earn Tax for key staff (applicable to Limited Liability Company)		
vii	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: