**CONTRACTOR / SUPPLIER REGISTRATION FORM**

**ALL OF THE FOLLOWING INFORMATION IS NECESSARY FOR REGISTRATION**

1. Company’s Registered Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registered Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Operation Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Parent Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. No. of years in operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Contact: (Tele)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fax)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Contact Person for enquiries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Position in Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Please submit the following documents:

* Company Profile
* Certificate of Incorporation
* Articles of Memorandum
* Notice of Directors
* Notice of Registered Address
* Vat Clearance (valid for 6 months)
* NIS Clearance (valid for 6 months)

1. Kindly submit last (3) years audited financials
2. Please provide the following information on your Staff Component:

|  |  |  |
| --- | --- | --- |
| STAFF | NUMBER | HIGHEST LEVEL OF QUALIFICATION |
| Technical |  |  |
| Professional |  |  |
| Skilled |  |  |
| Unskilled |  |  |

1. Equipment/Tools Owned:

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | MODEL/MAKE | DESCRIPTION | AGE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Does your company have a Health & Safety Policy? YES ( ) No ( )

If yes, kindly attach a copy of HSE Policy along with Application.

1. Do you have coverage for Workmen’s Compensation? YES ( ) No ( ) if yes provide supporting documents.

If yes, Provide Proof.

1. Do you have coverage for Public Liability? YES ( ) No ( ) if yes provide supporting documents
2. State contracts completed/ongoing within the last two (2) years:

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT TYPE & DESCRIPTION | WAS THIS PROJECT COMPLETED WITHIN TIME AND BUDGET? | NAME,ADDRESS AND CONTACT NUMBER OF CLIENT | VALUE $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Any legal or financial claims awarded and/or pending in favour of/or against your company in the last three (3)

years? YES ( ) No ( ) if yes please attach a list giving details of said claims.

1. Any contracts awarded to your companies which were terminated by the Client or by NCSHL in the last (3) years?

YES ( ) No ( ) if yes please attach details.

Please submit (3) Client References along with contact information.

I/We Certify That the Information Given Above Is Correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Block Letters) Position in Firm (Block Letters)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnessed by (Block Letters) Date**

**\*All previous pages must be initialled and stamped with company stamp in the lower right hand corner by Signatory to this Affirmation.**

**Please Affix your Company Stamp Here:**