



T. VALTON SERVICES NIG. LTD.

Affiliate name:
To be sent to:

Request date	Requester name	Job title	Supplier contact (phone & email)	Approved by *

*Mandatory – Creation will be refused if left blank

VENDOR						
Vendor name *						
Critical supplier **/**	Yes No					
VAT * (Value Added Tax)						
Tax Identification Number * (TIN)						
Tax Authority (indicate one)	FIRS	Lagos	Rivers	Abuja	Bonny	Other Specify
Company Registration number *						
Company Address * (physical location)						
Address Line 1						
Address Line 2						
City						
State/Country						
Mailing Address * (if different from above)						
Address Line 1						
Address Line 2						
City						
State/Country						
Phone Number *						
Fax Number						
Email/Web Address *						
Type of Entity * (Indicate One)	Sole Proprietor	Limited Liability	Partnership	Joint Venture	PLC	Other specify
Contact Person Name						
Designation						
Email						
Phone Number						
DPR Permit Registered Service/ Number (If applicable)						
Workmen Compensation/ 3 rd Party General insurance policy no/Expiry date						
Supplier (Others)	For non purchasing supplier, select a vendor type					
If None listed, specify below						
Supplier Code of Conduct sent to Vendor *	Yes No					



T. VALTON SERVICES NIG. LTD.

VENDOR DETAILED INFORMATION	
ISO 9001 certification *	Yes No
Creation year *	
Total number of Employees *	
Total number of Customers	
Main business nature *	
Main Customers	
Sales in EUR (current year – please enter year in brackets) *	
Sales in EUR (last year – please enter year in brackets)	

*Mandatory

COMPANY CONTACTS			
Clients relationship (1)		Health & Safety	
Clients relationship (2)		Labour & Ethics	
Quality Assurance		Environment	

*Mandatory

RELATIONSHIPS			
List Names of Associated companies/subsidiaries			
Do you have any relationship with government official	Yes	No	
If yes, Name of official			
Nature of relationship			
Do you have any relationship with T.VALTON Staff/Director	Yes	No	
If yes, state name(s)			
Nature of Relationship(s)			

PRINCIPAL OWNERSHIP INFORMATION				
Are more than 51% of the Company's shares held by Nigerians		Yes	No	
List shareholders with more than 10% legal and beneficial shareholdings				
Title	Names Of Directors	Citizenship	State of Origin	% Shareholding

SECTION 4

DIRECTORSHIP INFORMATION			
List primary directors of the company whether or not they are also shareholders			
Names Of Directors	State of Origin	Position	%Shareholding (if any)

SECTION 5



T. VALTON SERVICES NIG. LTD.

FINANCIAL INFORMATION			
Paid up Capital Value			
Total annual turnover/revenue and net profit before tax in the last three years:			
State year	Year 1 2015	Year 2 2016	Year 3 2017
Annual Turnover/revenue			
Net profit before tax			
Number of Employees			

PRODUCT/SERVICE INFORMATION			
List products/services to provide (please indicate the items covered in your DPR permit, you can breakdown to specific categories If Applicable)			
List any agency representation with Original Equipment Manufacturers (OEMs). Attach the agency letters.			
List technical partners if applicable.			
Has your company previously supplied goods or services to T.VALTON	Yes		No
If yes, please specify briefly			



T. VALTON SERVICES NIG. LTD.

T. VALTON BUSINESS PRINCIPLES		
T. VALTON requires all Vendors to comply with its Business Principles/Policies		
Please review T, VALTON'S Business Principles/Policies.	Yes	No
T. VALTON requires all Vendors to comply with T. VALTON'S HSSE requirements as specified in Contracts / Purchase Orders, which may be awarded to you in future.		

PAYMENT TERMS & CONDITION:		
As required by Section 104 of NOGICD Act, 2010, 1% of contract awarded shall be deducted at source and paid to the fund.	Yes	No

PLEASE PROVIDE BANK DETAILS IN THE FOLLOWING FORMAT AND SUBMIT ON YOUR COMPANY'S LETTER HEAD PAPER, DULY SIGNED. ATTACHED ELECTRONICALLY IN SCANNED PDF VERSION

BENEFICIARY ACCOUNT DETAILS (FOR NAIRA ACCOUNTS):	
ACCOUNT NAME	
ACCOUNT NUMBER	
BANK NAME	
BANK ADDRESS	
SORT CODE	

FOREIGN CURRENCY ACCOUNT DETAILS (ONLY WHERE APPLICABLE)	
BENEFICIARY ACCOUNT DETAILS (final destination)	
PAYMENT CURRENCY	
ACCOUNT NAME	
BANK NAME	
ACCOUNT NUMBER	
BRANCH ADDRESS (if applicable)	
SWIFT CODE / BIC	
ABA ROUTING / SORT CODE (state which)	
INTERMEDIARY/CORRESPONDENCE BANK (if applicable)	
BANK NAME	
ACCOUNT NUMBER	
ADDRESS Country	
SWIFT CODE / BIC	
ABA ROUTING/ SORT CODE (state which)	
IBAN (if applicable)	



T. VALTON SERVICES NIG. LTD.

Vendor Creation Form
TV-SL-20.0001

CHECKLIST OF REQUIRED DOCUMENTS /DECLARATION

Please note:

- Each Vendor category with box marked "X" underneath indicates required documents to be submitted along with this application.
- Tick the documents provided and attached on the last column of the checklist with (A) if attached or (NA) if not attached. Note that the registration will commence only when all the required boxes have been checked and all the required documents attached.
- Bank Reference Letter must include Bank Details. **International suppliers do not require bank reference letters; rather they must provide bank details on their company's letterhead.**
- Please note that All statutory deductions amounting to 11% **SHALL** be made on all payments due to Vendors and remitted to relevant bodies to wit- VAT 5%, Withholding Tax 5% and Nigerian Content Development Fund imposed by the Local content Act 1%(NCDF).

	Local	International	Government Agency	Non-Profit /Charity Organisation	Professional Bodies	Documents attached
Completed Vendor Registration Form	X	X	X	X	X	
Certificate of Incorporation/Registration	X	X	N/A	X	X	
Form CO2&CO7or Form 2.3&2.5	X	N/A	N/A	X	X	
Memorandum & Articles of Association	X	N/A	N/A	X	X	
Proof of Tax Identification Number (TIN)	X	If registered for taxes in Nigeria	N/A	X	X	
Income tax clearance for the past 3 years	X	N/A	N/A	X	X	
Company profile showing Org Chart/CV of key personnel	X	X	N/A	X	X	
Proof of Medical Retainership	X	X	N/A	X	X	
Bank Reference Letter	X	N/A	X	X	X	
Bank details on official letterhead, duly signed	X	X	X	X	X	
Last Audited accounts/Statement of affairs	X	X	X	X	X	
DPR Permit	X	N/A	N/A	N/A	N/A	
Current workmen compensation /General 3 rd party insurance coverage	X	N/A	N/A	X	X	
HSSE Policy	X	X	N/A	X	X	
Quality Assurance/Quality Control Policy	X	X	N/A	X	X	
OEM Agency letter (if applicable)	X	X	N/A	N/A	X	

I/ We, the undersigned, confirm that the information provided to T. VALTON is correct, and in the event of changes, details will be provided in writing as soon as possible and I/we would be held liable as stated therein.

That all required documentation has been included along with this registration form. I/We accept that the failure to provide any of the required documents can result in non-registration and disqualification.

It is understood that acceptance of this registration form by T. VALTON offers no guarantee either express or implied that this company will be registered or invited to tender for work to be contracted.

Name _____

Designation _____

Signature/ Date _____