



**LAGOS STATE GOVERNMENT  
STATE TENDERS BOARD  
REGISTRATION OF CONTRACTORS  
APPLICATION FORM**

Affix  
Passport  
Photograph

**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.:** .....

**5. E-MAIL/WEB SITE (IF ANY):** .....

**6. CONTACT PERSON:** .....

**7. CONTACT DETAILS:** .....

**8. SPECIFIC NATURE OF BUSINESS:**.....

**9. AREA OF SPECIALISATION:**

(i) Civil Works  (ii) Goods  (iii) Services  (iv) Others, specify.....

**10. CATEGORIES OF REGISTRATION:** *(Registration and Annual Renewal Fees Payable)*

**NB.** *Applying Contractors are required to Select Appropriate Class*

CLASS	CONTRACT VALUE/THRESHOLD	REGISTRATION FEES	ANNUAL RENEWAL FEES	SELECT APPROPRIATELY
<b>A</b>	Upto <b>₦10million</b>	₦50,000.00	₦25,000.00	
<b>B</b>	Above <b>₦10million – ₦250million</b>	₦200,000.00	₦50,000.00	
<b>C</b>	Above <b>₦250million– ₦1Billion</b>	₦500,000.00	₦200,000.00	
<b>D</b>	Above <b>₦1Billion</b>	₦2million	₦500,000.00	

**11. COMPANY PARTICULARS**

**a. (For Incorporated Companies only)**

- (a) Date of Incorporation.....
- (b) CAC. RC. ....
- (c) Authorised Share Capital (₦).....
- (d) Bankers .....

**b. (For Limited Partnerships only)**

- (e) Date of Registration/Renewal .....
- (f) Registration No.....
- (g) Capital Contribution by Partners.....

**12. DETAILS OF DIRECTORS/PARTNERS:**

SN	Name(s)	Telephone Nos.	Address

**13. DETAILS OF KEY MANAGEMENT STAFF WITH PROFESSIONAL QUALIFICATIONS:**

SN	Name	Position in Organisation	Qualifications

**14. DETAILS OF WORK/PROJECT(S) ENGAGED FOR THE LAST THREE (3) YEARS:**

S/N	PROJECT TITLE	CLIENT(S)	VALUE	DURATION	STATUS (COMPLETED, ONGOING OR ABANDONED)

**15. PLEASE TICK AS APPROPRIATE TO INDICATE DOCUMENTS SUBMITTED:**

SN	Details	Yes	No	Not Applicable
i.	Duly completed Application Form			
ii.	Evidence of Payment of Registration Fee			
iii.	Certificate of Incorporation			
iv.	Evidence of Company's Article /Memorandum of Association			
v.	Current 3 years Personal-Lagos State Government Tax Clearance Certificate of Chief Executive Officer and two (2) Directors			
vi.	Bank Reference Letter			
vii.	Corporate profile of the company including Curriculum Vitae of key personnel supported by professional licenses			
viii.	Passport Photograph of the Managing Director/Chief Executive Officer			
ix.	Development Levy of at least two Directors			
x.	Evidence of remittance of Pay As You Earn Tax for key staff(Limited Liability Company)			

**16. Registration/Renewal Fees** should be paid into:

- SKYE Bank, Lagos State Secretariat Complex Branch
- Account Number-**1011770006227**
- Agency – Cabinet Office
- Agency Code -**421/0000**
- Rev. Code -**421/4020092**

**17. ATTESTATION**

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

.....  
Name and Signature of Company  
Representative/ Director

**For Official Use Only:**

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- i. **Class of Contractor**.....
  - ii. **STB Registration Number:**.....
  - iii. **Date Registered as a Contractor**.....
  - iv. **Next Date of Renewal**.....

Verified by .....Designation..... Signature & Date.....