



Galaxy Backbone Plc
61, Adetokunbo Ademola Crescent Wuse 2, Abuja
Phone: +234 (9) 4612481-2. Fax: +234 (9) 5240010
www.galaxybackbone.com

VENDOR REGISTRATION FORM

1. Name of Company_____
2. Permanent Business Address_____
- 3a. Company Registration Number_____
- b. Date of Incorporation_____
- c. Authorised Share Capital _____
- d. Paid Up Share Capital_____
4. VALUE ADDED TAX(VAT) Registration Number_____
5. Contact Name and Title_____
6. Tel No(s) and GSM Number_____
7. Email Address_____
8. Nature of Business_____
9. Number of years in Business_____
10. Are you registered with any other organization? _____

11. If so give names and addresses of key organizations _____

12. Give brief details of the type and value of work you have done in the past 24 months

13. State References (3)

A. Name of Organization _____
Address _____

Name of Contact Person _____
Phone/GSM Number _____

B. Name of Organization _____
Address _____

Name of Contact Person _____
Phone/GSM Number _____

C. Name of Organization _____
Address _____

Name of Contact Person _____
Phone/GSM Number _____

14. Certification:

I, the undersigned, hereby declare that the information I have given here is correct. I understand that if the information is found to be incorrect, my application may be invalidated. I also understand that registration as a supplier does not guarantee award of any form of work for the organisation.

Name_____

Title_____

Signature and Date_____

Please Note that:

1. Registration fee of N25,000 is required and non-refundable.
2. Annual renewal of registration of N20,000 is required.
3. Applications should be accompanied by:
 - i. A photocopy of Certificate of Incorporation(original to be sighted)
 - ii. A photocopy of Memorandum and Articles of Association (original to be sighted)
 - iii. A photocopy of current Tax Clearance Certificate (original to be sighted)
 - iv. A reference letter from your Bank
 - v. A photocopy of VAT registration Certificate(original to be sighted)