

SUPPLIER REGISTRATION APPLICATION FORM

For Enquiries contact:

Return questionnaire to:

SUPPLY CHAIN MANAGEMENT OFFICE: MARK WILLIAM SAMUELS TEL: +234 13 429 EXT 9107 EMAIL: mark.samuels@pcmnigeria.com PURCHASING MANAGER
PAINTS AND COATINGS MANUFACTURERS NIG LTD
18/24 AJISEGIRI STREET
SHOGUNLE, OSHODI
LAGOS

TO ALL SUPPLIERS AND SERVICE PROVIDERS SEEKING REGISTRATION AS A PREFERRED SUPPLIER OR SERVICE PROVIDER ON THE DATA BASE OF THE FOLLOWING COMPANIES:

PAINTS AND COATINGS MANUFACTURERS NIGERIA (LIMITED)

KANSAI PLASCON NIGERIA LIMITED

(COLLECTIVELY "COMPANY")

At the outset, we wish to thank you for completing this questionnaire. The purpose of same is to assist us in effectively assessing service providers and suppliers to the Company.

Most Companies consider cost to be a key factor when choosing a supplier. However, cost is in the middle of the 10 Cs list for a reason. Other factors, such as a commitment to quality and financial health, can potentially affect your eligibility for approval much more than cost alone. In assessing all of these factors, we wish to review service providers and suppliers' information with a long-term goal.

When considering which suppliers and service providers to use, the Company will consider factors such as: competency, capacity, commitment, cash, cost, consistency, culture and communication.

All suppliers and service providers are herewith invited to register as an approved supplier or service provided on the database of the Company.

The purpose of this database is to give all prospective providers an equal opportunity to provide quotations to the Company and to enhance transparency and equality. The database will also contribute to a better administration and compliance with the Company internal management framework.

Preference will be given to suppliers registered on the database, but it does not necessarily follow that suppliers or service providers who are not registered as yet will be totally exempted from quoting for the supplying of goods or services to the Company.

It is imperative that suppliers and service providers read the application carefully, complete it in full and sign it. The Company reserves the right to reject any incomplete application form accompanied by insufficient information.

Instructions to service suppliers and providers:

- 1. The application registration form must be completed in full.
- 2. All required and supporting documentation must be submitted jointly with the form.
- 3. Failure to submit supporting and requested information will lead to your business not being approved.
- 4. The required information attached hereto is an indication of what information is required for your registration to be accredited and registered without delays.
- 5. Banking details and authorization for Electronic Transfer of Funds is critical to ensure that there are no delays to effect payment to your business.
- 6. It is compulsory to complete the Products and Services section. Please be specific in terms of products and / or services that your business can supply.
- 7. Whilst the Company prefers to engage with businesses that comply with and embrace the regulations of the Nigerian Content Development and Monitoring Board (NCDMB), non-complying suppliers will also be registered but not accredited for the NCDMB purposes.
- 8. Trade experience section must be completed in full to give the Company an understanding of whether your business has the experience of supplying the services and / or products which you are applying for. Note: Lack of experience will not necessarily lead to your business not being accredited.
- 9. The Financial Information section must be completed to give us an understanding of your business financial standing. Latest financial statements are required (where possible and upon request) to be supplied with the application. Start up businesses without financial history will also be eligible for registration.
- 10. The Legal Undertaking Section must have each undertaking Initialed in the space provided.
- 11. The Company reserves the right to validate all information supplied and any misrepresentation of the facts may lead to disqualification and potentially being restricted to do business with us in the future.
- 12. A duly completed form together with all supporting documentation must be submitted to the address indicated on the front page.

1. SUPPLIER AND SERVICE PROVIDER GENERAL INFORMATION

| 1.1 Full Business Name: | |
|---|---|
| 1.2 Type of Business: (Circle applicable) | Sole Proprietor Limited Company Public Company Independent Contractor Partnership |
| 1.3 Authorized contracting person: (Managing Director or Equivalent) | Name: Email: Telephone: |
| 1.4 Contact person regarding payment: | Name: Email: Telephone: |
| 1.5 Registration Details: | Number: Date of Registration: Actual number of years in operation: |
| 1.6 Business Number: | |
| 1.7 CAC Registration Number: | |
| 1.8 Value Added Tax Number: | |
| 1.9 Withholding Tax Number: | |
| 1.10 Business License Number: | |
| 1.11 Special Permit Details: | |
| 1.12 Registered Address: (City, State, Postal Code) | |

1. SUPPLIER AND SERVICE PROVIDER GENERAL INFORMATION (continued)

| Key contact person | Name: |
|--|------------|
| | Email: |
| | Telephone: |
| 1.13 Branch Details: (City, State, Postal Code, Telephone Number, Fax Number and key contact person) | |
| 1.14 Billing Address: (City, State, Postal Code, Telephone Number, Fax Number and key contact person) | |
| 1.15 Business Website: | |
| 1.16 Business Email: | |
| 1.8 Value Added Tax Number: | |

2. CLASSIFICATION OF SERVICE OR SUPPLY (Mark Applicable)

| Alarms | Accommodation |
|---|--|
| Accounting and Bookkeeping Services | Advertising |
| Air Conditioning Systems & Repairs | Appliances Domestic & Industrial |
| Archiving Services & Systems | Audio & Visual Equipment |
| Auditing | Badges: Conference, Metal, Embroidery etc. |
| Barcoding, Software & Printers | Batteries |
| Building Materials & Supplies | Cartridges |
| Catering | Chemicals |
| Cleaning Equipment & Materials | Communication Equipment |
| Computers, Hardware, Software & Systems | Concrete Products |
| Conference / Promotional Materials | Containers & Packaging |
| Coolers & Cooling Equipment | Detergents, Disinfectants & Deodorants |
| Drain Cleaning Services | Electrical Equipment & Materials |

2. **CLASSIFICATION OF SERVICE OR SUPPLY (Mark Applicable)**

| Electronics | Engineering Spares |
|---|---|
| Engineering Contractors | Fire Fighting Equipment |
| First Aid Equipment & Supplies | Flooring Contractors |
| Food Stuffs & Beverages | Furniture |
| Garden Services, Equipment & Supplies | Gas & Equipment |
| Generators | Hand tools, Screwing & Cutting Tools |
| Office / Factory Machines & Instruments | Paint Supplies & Accessories |
| Partitioning Contractors | Pest Control Services |
| Plant Hire | Plastic Materials & Products |
| Postal & Courier Services | Printing & Accessories |
| Protective Clothing & Equipment | Scaffolding Services |
| Security & Access Control Services | Shop Fitters |
| Signage / Signs | Stationary |
| Storage Services & Facilities | Telephone & Telecommunication Equipment |
| Raw Materials | Transportation Services |
| Medical Services | Maintenance and Service Providers |
| Machine Servicing | Vehicle Repair |
| Insurance | Painters and Project Workers |
| Other: Please specify | |
| | |

3. FINANCIAL INFORMATION DETAILS OF THE BUSINESS

| 3.1 Bank Name: | |
|---|--|
| 3.2 Bank Account Number: | |
| 3.3 Currency: | |
| 3.4 Bank Branch Details: (Full address and contact number) | |

4. SOURCE OF FUNDING FOR THE BUSINESS

| 4.1 How is your business funded? | Personal Funds |
|----------------------------------|--------------------|
| | Company Funds |
| | Banking Facilities |

5. REQUESTED PAYMENT TERMS

| 3. NEQUESTED I / TIME IT TELLING | |
|--|---------------------------|
| 5.1 Payment Term Proposed: | Upon Delivery |
| | 7 days |
| | 15 days |
| | 30 days |
| | 60 days |
| | Other: Specify in full |
| | |
| 5.2 Method of Payment Proposed: | Direct Transfer |
| | Cheque |
| | Cash |
| | Other: Specify in full |
| | |
| 5.3 If your Business is in a position to provide credit terms, what are the credit limits it is able to provide: | Below N100,000.00 |
| | N 100,000.00 to 1 million |
| | Above 1 million |
| | |

6. ANTICIPATED VOLUMES

| 6.1 What volume of business would you like to be approved for? | Below N100,000.00 |
|--|---------------------------|
| | N 100,000.00 to 1 million |
| | Above 1 million |
| | Other: Specify in full |
| | |

7. **INSURANCE AND CLAIMS**

| 7.1 What insurances do you have in place? | | Public Liability | Value Per Year | |
|---|---------------------|---------------------|-----------------|--|
| | | | Value Per Claim | |
| | | Products | Value Per Year | |
| | Liability | Value Per Claim | | |
| | | Professional | Value Per Year | |
| | | Indemnity | Value Per Claim | |
| | Goods In Transit | Value Per Year | | |
| | | Value Per Claim | | |
| 7.2 What insurance claims have you had in the past 5 years? | | | | |
| Copies of Insurance Certificates must be attached | | | | |

8. TRADE INFORMATION

| 8.1 Have you done business with the Company before? | | No |
|--|--|-----|
| | | Yes |
| 8.2 If the answer to 8.1 is Yes, what was the nature of the business? | | |
| 8.3 If the answer to 8.1 is Yes, please provide your account number with the Company for internal tracking purposes. | | |
| 8.4 Reference Request #1: Please provide full details of a Company which you | Full name of the Business: | |
| provided services or supplies to of a similar nature to those proposed by you for the Company: | Full address of the Business: | |
| | Contact Person to ask for Reference: | |
| Contact details to ask for Reference: | | |

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| 8.5 Reference Request #2: Please provide full details of a Company which you provided services or supplies to of a similar nature to those proposed by you for the Company: | Full name of the Business: | | |
| | Full address of the Business: | | |
| | Contact Person to ask for Reference: | | |
| | Contact details to ask for Reference: | | |
| 9. LEGAL UNDERTAKING | | | |
| By Submitting this Application understand the following: | , I, as duly authorize | d on behalf of the business, undertake and | Initial: |
| | or regulation as maybe | a all necessary licenses, approval as may be e necessary from time to time to perform the | |
| custody of the business and as su | ch, will be held fully li including but not lim | sible for any Company property once in its able for such property regardless of the cause ited to misconduct, negligence, omissions, | |
| employee or appointee of the bus | siness and as such, will state the siness and as such, will state the property includes | or any damage to Company property by any Il be held fully liable for such property regard- uding but not limited to misconduct, negli- | |

9.4 In no event shall the business or the Company be liable for any loss or damage caused by an event of Force Majeure such as global pandemics, earthquakes, flood, fire or acts of God, terrorism, war

9.5 The Business agrees that throughout the course of this Agreement, the Business shall ensure that its employees, directors, management, its subcontractors (if approved), agents or any authorized third party, have not and will not be involved in the fiving or receiving of bribes or other corrupt conduct in connection with services or supplies to the Company. In any event, the Business shall always remain

9.6 All contractors, are required to arrive at the Company site with appropriate PPEs, defined scope of work and declare his/her sets of equipment at the point of entry to security. The Business shall indemnify the Company against all actions, suits, claims, demands, losses, charges, cost and expenses which the Business may suffer or incur as a result of or in connection with any breach of this condition.

9.7 In Completing this information, the Business has applied to be registered as a supplier or service provider of the Company. In doing so, it is declared that all information provided herein is true and

responsible for any such consequences, loss or damage resulting from such matters.

or any strikes which are events beyond the control of either Party.

correct.

SIGNATURE

| Signature: | |
|---------------------|--|
| | |
| Business Name: | |
| Signee Name: | |
| Signee Designation: | |
| Signee Email: | |
| Signee Telephone: | |
| Date of Signature: | |
| Place of Signature: | |

REQUIRED DOCUMENTS

Tick those which have been submitted with this Application

| DOCUMENTS REQUIRED | BUSINESS TYPE | | | |
|---|--|--|--|--|
| | Sole Proprietor | Partnership | Public Company | Limited Company |
| Company Registration | N/A | Copy of signed Partnership Agreement | Certificate of Registration | Certificate of Registration |
| Proof of Ownership | Copy of ID | Copy of signed Partnership Agreement | Auditors Confirmation Letter | Auditors Confirmation Letter |
| Proof of location | Supply Latest Copy of Lease or Invoice for Property Services | Supply Latest Copy of Lease or Invoice for Property Services | Supply Latest Copy of Lease or Invoice for Property Services | Supply Latest Copy of Lease or Invoice for Property Services |
| Proof of banking | Letter from Bank Confirming Signatories |
| Tax Clearance | For the owner of business | For the business | For the business | Supply Latest Copy of Lease or Invoice for Property Services |
| VAT Registration | If applicable | If applicable | If applicable | If applicable |
| Withholding Tax Registration | If applicable | If applicable | If applicable | If applicable |
| Workman's Compensation Registration | If applicable | For the business- clearance certificate | For the business- clearance certificate | For the business- clearance certificate |
| Proof of Registration with Statutory Body or Regulating Authority | If applicable | For the business- clearance certificate | For the business- clearance certificate | For the business- clearance certificate |
| Copy of Identification | Clear copy required | Clear copy required | Clear copy required | Clear copy required |
| Proof of Registration with Statutory Body or Regulating Authority | If applicable | Clear copy required | Clear copy required | Clear copy required |