



APPLICATION FORM FOR REGISTRATION AS CONSULTING FIRM/COMPANY

FIRM/COMPANY NAME: _____

TELEPHONE NUMBER(S): _____

E-MAIL ADDRESS: _____



(ESTABLISHED BY BUILDERS REGISTRATION, ETC ACT CAP B. 13 LFN 2004)

Contact Details:

NATIONAL HEADQUATERS

Location: No. 5 Sultan Abubakar Sadiq Street, Hillside Estate (Former Ministry of Works Estate) Gwarinpa, -Abuja.

ZONAL OFFICES

North- West: Federal Secretariat, Katsina road Kano.

North – Central: Federal Secretariat, Jonah Jang Crescent, Markurdi.

North-East: Federal Secretariat, Yola road, Jimeta-Yola.

South –West: Eric Moore Towers Complex Bode Thomas Road, Adeniran Ogunsanya B/Stop, Surulere, Lagos.

Phone Fixed: 09 2919 032; +234 8113 897 370; Mobile: +234 8068249612; +234 8035986586;

Website: www.corbon.gov.ng

Email: corbonigeria@yahoo.com; registration@corbon.gov.ng; info@corbon.gov.ng

APPLICATION FORM FOR REGISTRATION AS CONSULTING FIRM/COMPANY

Applicants are advised to read the 'INSTRUCTION TO APPLICANTS', before commencing the filling of the form and must return same to any of the above addresses:

INSTRUCTION TO APPLICANTS'

The following are requirements for Registration of CONSULTING FIRM/COMPANY:

Submission of duly completed application form.

- a) I. Application Form and processing fee is ₦30,000.00
- b) II. Registration fee is ₦120,000.00
- c) III. Payment shall be made online *via the REMITA Platform:-*

- a) Log onto www.Remita.net and
- b) Click on "Pay a Federal Government Agency"
- c) Then fill the displayed page to generate your RRR (Remita Retrieval Reference) Number.
- d) Follow the links to make your payment online. OR
- e) Visit any bank branch with your RRR number to make payment.

b) Evidence of payment can be sent by post or e-mail to corbonigeria@yahoo.com

c) Attach photocopies of the following documents (**Certified True Copy**)

1. Certificate of Incorporation by Corporate Affairs Commission
 2. Memorandum and Article of Association
 3. Business Name Registration
 4. CV of Directors
 5. CV and Certificate of Registered Builders in the Organization
 6. Profile of the Company
 7. Current Tax Clearance Certificate
- d) Two sponsors who **MUST** be **Registered Builders** shall endorse your form.
- e) A passport photograph for each of the Directors shall be attached to this application form.
- f) All photocopies of attached documents shall be endorsed "**Original seen by me**", signed and dated by one of the CORBON Registered sponsors.

FIRM/COMPANY DETAILS

1. NAME OF FIRM:.....

2. DATE OF INCORPORATION:

Attach photocopies (Certified True Copy) of:

- i. Certificate of Incorporation
- ii. CAC Form 07 and Memorandum and Article of Association
- iii. CAC Form 2 – Business name Registration
- iv. Profile of Company

(Disregard if information already supplied in (c) above)

3. HEAD OFFICE PARTICULARS

Address:

.....

Tel. N^o:

E-mail Address:

Fax N^o:

4. BRANCH OFFICE(S) IF ANY

Address:

.....

Tel. N^o:

E-mail Address:

Fax N^o:

5. FIELDS OF SPECIALIZATION(S)

i.

ii.

iii.

6. PARTICULARS OF KEY PERSONNEL

A. DIRECTORS

Name and Title	Years with firm	Date of Birth	Nationality	Education	
				University	Degrees(s)

B. PARTNERS

Name and Title	Years with firm	Date of Birth	Nationality	Education	
				University	Degrees(s)

C. KEY TECHNICAL PERSONNEL

Name and Title	Years with firm	Date of Birth	Nationality	Education	
				University	Degrees(s)

NOTES: Attach CVs of Director
Attach CVs and Certificate of Registration of CORBON members

7. MAJOR PROJECTS EXECUTED IN THE LAST FIVE YEARS

A. COMPLETED PROJECTS

LIST OF PROJECTS	CLIENTS	COMMENCEMENT DATE	COMPLETION DATE

B. CURRENT PROJECTS IN THE LAST ONE YEAR (IF ANY)

LIST OF PROJECTS	CLIENTS	COMMENCEMENT DATE	COMPLETION DATE

8. SPONSORS

Two Fully Registered Builders who are **NOT** members of your firm and live either within the State or neighboring State where the firm's head office is located. These sponsors shall attest to the professional standing of your firm/practice and shall have a minimum of FIVE years post-registration experience with CORBON.

A. Name: _____

CORBON Reg. N°: _____

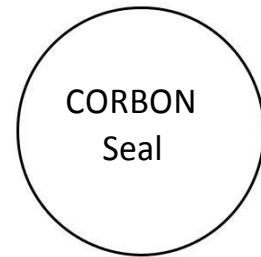
Address: _____

E-mail: _____

Signature: _____

Phone Number: _____

Date: _____



B. Name: _____

Reg. N°: _____

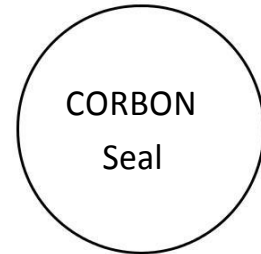
Address: _____

E-mail: _____

Signature: _____

Phone Number: _____

Date: _____



NOTE:

Sponsors shall be ethically liable for any false information contained herein.

9. SWORN DECLARATION

We make this solemn declaration conscientiously believing the same to be true and by virtue of provisions of the Oaths Law of 1973 and as amended

Declared at

By:

NAME	POSITION	SIGNATURE	DATE
a.			
b.			

BEFORE ME.....

(Commissioner of Oaths/Magistrate)

Stamp or Seal of Court

This day of

(NOTES: Changes in CORBON address do not in any way invalidate the application form)

Affix your photograph (2 Nos.) with full Names behind

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