



COUNCIL OF REGISTERED BUILDERS OF NIGERIA

APPLICATION FORM FOR REGISTRATION AS BUILDING CONTRACTOR

CONTRACTOR NAME: _____

TELEPHONE NUMBER(S): _____

EMAIL: _____



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

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.

INSTRUCTION TO APPLICANTS

Applicants are advised to read the ‘**INSTRUCTION TO APPLICANTS**’, before the filling of the form. The form must be returned to any of the above addresses.

INSTRUCTION TO APPLICANTS

The followings are requirements for Registration of **BUILDING CONTRACTORS**:

- a) The Application Form and Processing Fee is ₦50,000.00
- b) The Registration Fee is ~~₦200,000.00~~
- c) Payment shall be made online *via the REMITA Platform*:-
 - I. Log onto www.Remita.net and
 - II. Click on “ Pay a Federal Government Agency”
 - III. Then fill the displayed page to generate your RRR (Remita Retrieval Reference) Number.
 - IV. Follow the links to make your payment online. OR
 - V. Visit any bank branch with your RRR number to make payment.
- d) Evidence of payment can be sent by post or e-mailed to corbonigeria@yahoo.com or info@corbon.gov.ng
- e) Attach photocopies of the following documents (**Certified True Copy**)
 - Certificate of Incorporation by Corporate Affairs Commission
 - Memorandum and Article of Association
 - Business Name Registration
 - Curriculum Vitae of Directors
 - Curriculum Vitae, Certificate, Pay slips for the last three months of Registered Builders in the Organization
 - Profile of the Company
 - Current Tax Clearance Certificate
- f) A passport photograph for each of the Directors shall be attached to this application form.

CONTRACTOR DETAILS

1. **NAME OF CONTRACTOR:**

2. **DATE OF INCORPORATION:**

PRIMARY OBJECTIVE(S) OF REGISTRATION WITH CAC

Attach photocopies (Certified True Copy) of:

- i. Certificate of incorporation
- ii. CAC Form 07 and Memorandum and Article of Association
- iii. CAC Form 02 – Business Name Registration
- iv. Profile of Company

3. HEAD OFFICE PARTICULARS

Address:

.....

Tel. N^o(s):

E-mail Address:

Fax N^o:

4. BRANCH OFFICE(S) IF ANY

Address:

.....

Tel. N^o(s):

E-mail Address:

Fax N^o:

5. BRANCH OFFICE(S) IF ANY

Address:

.....

Tel. N°(s):

E-mail Address:

Fax N°:

6. BRANCH OFFICE(S) IF ANY

Address:

.....

Tel. N°(s):

E-mail Address:

Fax N°:

1. PARTICULARS OF KEY PERSONNEL**A. DIRECTORS**

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

B. PARTNERS

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

C. KEY TECHNICAL PERSONNEL

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

NOTES:

- (i) Attach CVs of Director
- (ii) Attach CVs and Certificate of Registration of CORBON members
- (iii) At least, a Registered Builder must be in your employment and on each of your Building Site Project.

2. MAJOR BUILDING PROJECTS EXECUTED IN THE LAST FIVE YEARS

2A. COMPLETED BUILDING PROJECTS IN THE LAST THREE YEARS

LIST OF PROJECTS	CLIENTS	COMMENCEMENT DATE	COMPLETION DATE	NAME & REG.NO OF REGISTERED BUILDER

2B. CURRENT (ON GOING) BUILDING PROJECTS

LIST OF PROJECTS	CLIENTS	COMMENCEMENT DATE	COMPLETION DATE	NAME & REG.NO OF REGISTERED BUILDER

1. PARTICULARS OF REGISTERED BUILDERS

Provide information on Fully Registered Builders who are employees of your Company.

A. Name: _____

CORBON Reg. Nº: _____

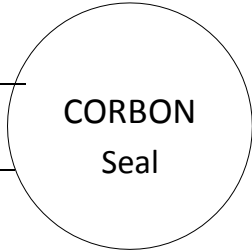
Address: _____

E-mail: _____

Signature: _____

Phone Number: _____

Date: _____



B. Name: _____

CORBON Reg. Nº: _____

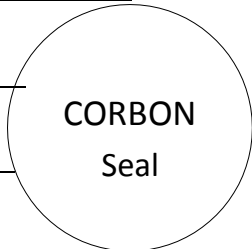
Address: _____

E-mail: _____

Signature: _____

Phone Number: _____

Date: _____



C. Name: _____

CORBON Reg. Nº: _____

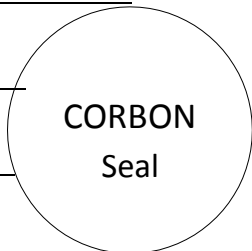
Address: _____

E-mail: _____

Signature: _____

Phone Number: _____

Date: _____



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

DECLARATION

3. 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.			
c.			
d.			

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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