

SUPPLIER REGISTRATION FORM

FOR COMPLETION BY 'SUPPLIER'

To be returned electronically to the Supply Chain Management department.

GENERAL DATA	
Please make entries in white fields only and ensure accuracy of spelling, initials and spacing. Do not include <u>any</u> punctuation and avoid full CAPITALISATION of words.	
Company Name	
<i>Click here to enter text.</i>	
Company Registration Number	Company Type
<i>Click here to enter text.</i>	Please Select a Value

Corporate Address (for clarity, the name & address to which all mail shall be sent)	
Street number and name, industrial estate etc.	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
Town or City	State/County
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Postal / Zip Code (if applicable)	Country
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Email	Phone Number
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Sales Contact Email Address	
<i>Click here to enter text.</i>	

Invoice Address (for clarity, the name & address to which all orders shall be sent)	
Street number and name, industrial estate etc.	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
Town or City	State\County
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Postal / Zip Code (if applicable)	Country
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Email	Phone Number
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
Invoice Contact	
<i>Click here to enter text.</i>	

Presence in one of these countries	No
If the answer is Yes then please provide an address and other details (if different to addresses above)	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
<i>Click here to enter text.</i>	
Select Tax State (For Nigeria presence only)	
Please select a value	

ULTIMATE BENEFICIAL OWNER(S)*			
Full Names	State of Origin	LGA	Shareholding % (more than 5%)
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

*Provide Group Ownership Chart/Structure showing direct and indirect ownership of the Company

RECENT PERFORMANCE HISTORY (Contracts/Supplies over the last five (5) years)			
Name of Client	Type of Services/Material Supplied	Year of Supply	Contact Person(s) Phone No. & Email Address
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Enter year</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Enter year</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Enter year</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Enter year</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Enter year</i>	<i>Click here to enter text.</i>

GOODS & SERVICES AVAILABLE	
Category	Notes
Please Select a value	<i>Click here to enter text.</i>
Please Select a value	<i>Click here to enter text.</i>
Please Select a value	<i>Click here to enter text.</i>
Please Select a value	<i>Click here to enter text.</i>
Please Select a value	<i>Click here to enter text.</i>

SOURCING NETWORK	
Type	Notes
Please Select a Value	<i>Click here to enter text.</i>
Please Select a Value	<i>Click here to enter text.</i>
Please Select a Value	<i>Click here to enter text.</i>
Please Select a Value	<i>Click here to enter text.</i>
Please Select a Value	<i>Click here to enter text.</i>

QUALITY ASSURANCE	
Inspection & Test Plan	Notes
Other	<i>Click here to enter text.</i>
Quality Control Manual	<i>Click here to enter text.</i>
Quality Plan	<i>Click here to enter text.</i>

HUMAN RIGHTS		
Security	Has your company in the last 5 years been subject to a compromise of security that has resulted in disruption, damage, or injury to staff/operations/performance delivery/staff retention. (If yes, please provide brief details on the occurrence and what, if any, remedial security mitigation measures were put in place).	<i>Click here to enter text.</i>
	Do you monitor security compliance of staff and operations? (If yes, please attach an example of how this is done and how often)	<i>Click here to enter text.</i>
	Does your company have a workplace violence policy? (If yes, please attach a copy of the policy statement, contents page and examples of arrangements)	<i>Click here to enter text.</i>
HSE	Does your company have strategic HSE objectives? If yes, please attach a copy	<i>Click here to enter text.</i>
	How does your company identify hazards, assess risk, control, and mitigation consequences, to a level as low as reasonably practicable?	<i>Click here to enter text.</i>
	Has your organization suffered any statutory notifiable incidents in the last five (5) years (safety, occupational health and environmental)?	<i>Click here to enter text.</i>
	What types of HSE incidents are investigated?	<i>Click here to enter text.</i>
HUMAN RIGHTS & CHILD LABOR	Does your company have a policy/code of conduct covering human rights, forced labor, child labor, modern slavery, discrimination, harassment, freedom of association, compensation, and working hours? Please provide evidence.	<i>Click here to enter text.</i>
	In the past five years has your company been required to pay any fines relating to human rights issues? Please provide details	<i>Click here to enter text.</i>
	Has your company established environmental targets and reduction plans for Greenhouse gasses, atmospheric emissions, energy, water, and waste? Please provide details	<i>Click here to enter text.</i>

Anti-Corruption and Anti-Bribery		
Policy	Does your company have an Anti-Corruption and Anti-Bribery Policy?	<i>Click here to enter text.</i>
	Please describe the steps that your company is taking to comply with the anti-corruption and anti-bribery regulatory framework.	<i>Click here to enter text.</i>
	Has your Company ever been prosecuted for an offence under Anti-Bribery and Anti-Corruption Legislation?	<i>Click here to enter text.</i>
	Is any of your directors a PEP ?	Please Select a Value
	Is any of your shareholders (direct of indirect) a PEP ?	Please Select a Value

N.B. CAC = Corporate Affairs Commission

add to the end PEP means Politically Exposed Person

BANKING DETAILS	
Company's Bank Name:	<i>Click here to enter text.</i>
Company's Bank Address:	<i>Click here to enter text.</i>
Company's Bank country:	Please Select a Value
Bank account currency	<i>Click here to enter text.</i>
A combination of either:	
<input type="radio"/> IBAN:	<i>Click here to enter text.</i>
<input type="radio"/> SWIFT code:	<i>Click here to enter text.</i>
And / Or	
<input type="radio"/> Account Number	<i>Click here to enter text.</i>
<input type="radio"/> Bank sort code/routing number::	<i>Click here to enter text.</i>

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DOCUMENT CHECKLIST

Company Registration Document (e.g Certificate of incorporation, Names & particulars of Directors/Shareholders)	<input type="checkbox"/>	<i>Click here to enter text.</i>
Signed Anti Bribery and Declaration/Certification	<input type="checkbox"/>	<i>Click here to enter text.</i>
Bank Details on Company Letterhead, duly signed	<input type="checkbox"/>	<i>Click here to enter text.</i>
Tax Clearance Certificate	<input type="checkbox"/>	<i>Click here to enter text.</i>
Three (3) Years Audited Account	<input type="checkbox"/>	<i>Click here to enter text.</i>
Tax Identification Number	<input type="checkbox"/>	<i>Click here to enter text.</i>
Statutory Registrations & Certifications	<input type="checkbox"/>	<i>Click here to enter text.</i>

DOCUMENT CHECKLIST FOR NIGERIA ONLY

Valid Nigerian Content Equipment Certificate	<input type="checkbox"/>	<i>Click here to enter text.</i>
NMDPRA / NUMPRC Permit	<input type="checkbox"/>	<i>Click here to enter text.</i>

DECLARATION/CERTIFICATION

I/We hereby apply for and on behalf of the above company for registration of the list of vendors to Savannah Energy (or any of its affiliated companies). I/We undertake to notify Savannah Energy any material changes to the above information. It is understood that acceptance of this registration form by Savannah Energy offers no guarantee either expressly or implied that this company will be registered or invited to tender for work to be contracted. I/We acknowledge that in the event that Savannah Energy has reason to believe, after this company has been registered, that the information supplied herein to be false, Savannah Energy reserves the right to take any action as it may deem fit which may include de-registration of this company from Savannah Energy’s list of registered vendors.

Name: _____

Signature: _____

Date: _____