



# NATIONAL FILM AND VIDEO CENSORS BOARD

Plot 730 Alexandria Crescent Wuse II, Zone A7, Abuja

## CONSULTANT REGISTRATION FORM

### 1. Consultant Information

Name of firm

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i. Legal status (Put an X in the applicable column)

Public limited company Limited liability Partnership Individual Sole Proprietor Others (Please specify)	
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ii. Company details

Company reg. no	Registration date	Income tax no	VAT reg. no.

Postal address \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact Person \_\_\_\_\_

iii. Firms with which you have conducted joint venture consulting projects or with which you have a close association

Name of firm Partner-based local/international Name of project Partner specialization area % of work to partner	Firm 1	Firm 2	Firm 3

1.6 Annual turnover of own work (mark with an X where applicable)

Below current VAT threshold (=N=300 000)	
Between VAT threshold & =N=1 million	
Between =N=1 million & =N=5 million	
Between =N=5 million & =N=15 million	
Above =N=15 million	

## 2. Experience and Competency

2.1 Most recent projects undertaken (started/finished within the last three years)

Description	Client	Value

2.2 Rank in order of priority the main disciplines in which your firm does business (Rank only those disciplines in which you definitely have expertise)

Discipline	Rank	Discipline	Rank
Community services Media distribution & Marketing Media management Human resources management Information technology		Organizational development Strategic consulting Strategy development Training and development Project management	

List at least two clients from the above companies that would be able to serve as references

Ranking	Discipline	Client	Contact	Position	Tel. Number	E-mail
Ranking 1						
Ranking 2						

Provide an overview profile of your company in key words (to a maximum of 150 words)

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**3. Management and Ownership**

Principal details (Please enclose your Company's Article of Association and Memorandum of Understanding)

Share holders details

Interest of shareholders in other consulting firms

Name of person	Name of other firm	Type of business	Nature of interest	% Ownership

**4. Employment Profile**

Type	Total number of employees inclusive of			
	Professionals	Technical	Administrative	Total
Full-time				
Part-time				
Male				
Female				

**5. Financial Institution Details**

<b>Name of bank</b>	
<b>Name of branch</b>	
<b>Branch code</b>	
<b>Name of account holder</b>	
<b>Account number</b>	
<b>Account type</b>	

**6. Registration Payment Details**

<b>Bank name</b>	
<b>Bank draft number and date</b>	
<b>Amount</b>	
<b>NFVCB Receipt number</b>	

**7. Terms**

- A. The Consultant shall abide by any reasonable and acceptable code of conduct published by the NFVCB .
- B. All the information supplied in this application is true and correct
- C. The Consultant shall, without protest, submit to all reasonable & acceptable procedures instituted by the NFVCB.
- D. The Consultant shall, if requested to do so, supply further information and documentary evidence for scrutiny
- E. The Consultant shall update the registration particulars whenever a significant change in details occurs.

**DECLARATION**

I .....solemnly declare that:

- 1. I am duly authorized to sign on behalf of the firm.
- 2. I have read and fully understand the content of this document.
- 3. That the information herein provided are true and correct to the best of my knowledge.

Dated this ..... day of ..... 20\_\_

Signed: \_\_\_\_\_

Designation \_\_\_\_\_

**For official use only.**

Date received \_\_\_\_\_

Control number \_\_\_\_\_

Channel of submission \_\_\_\_\_