

# MEDICAL AND DENTAL COUNCIL OF NIGERIA

## CRITERIA FOR CONSIDERATION BEFORE PLACEMENT ON COUNCIL'S REGISTER OF CONTRACTORS

1. Name of Firm or Company .....
2. Registered address of firm or company.....  
.....
3. Locations of Company workshops [if applicable].....
4. List of Plants and Tools [If applicable].....
5. Photocopy of Certificate of in-corporation or registration of business name /number .....
6. Name of owner of the firm or company.....
7. Telephone/Fax number, e-mail address if any: Telephone: .....  
Fax..... E-mail address .....
8. a) Name/Address of Banker .....  
.....  
b) Branch where Firm/Company's account is held.....  
.....
9. Previous business experience with Medical and Dental Council of Nigeria. [State briefly jobs done and include number of years].....
10. Previous business experience [include number of years.].....  
.....
11. Category of Registration being sought.

Tick [ ]

- A ) see next page
- B ) for the categories
- C )

### 12. ATTACHMENTS

- a) Photocopy of Tax Clearance Certificates
- b) Audited Account for the last three years
- c) Photocopy of Certificate of incorporation of Business Name

Signed .....  
Manager/ Owner of Firm or Company

Date: .....

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.....  
Verifying Officers Remarks

[Office Use]

CATEGORIES	CONTRACT SUM	REGISTRATION FEES
A	Under =N=500,000.00	=N=5,000.00
B	=N=501,000.00 – =N=1,000,000.00	=N=10,000.00
C	Above =N=1 Million	=N=20,000.00

CC: Chief Accountant,

Please accept the sum of N ..... (Bank Draft)

From the bearer as the Registration fees as a contractor on category.....and kindly attach the duplicate receipt of payment.

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*For:* Registrar

**Medical and Dental Council of Nigeria.**