

C O R E N

**COUNCIL FOR THE REGULATION
OF ENGINEERING IN NIGERIA**

*PLOT 21/23, 14 ROAD, OFF 1ST AVENUE
GWARINPA, P.O. BOX 8461, WUSE,
ABUJA*

**APPLICATION FORM FOR REGISTRATION
OF CONSULTING FIRMS**

APPLICATION & PROCESSING FEE

* Sole Ownership	₦32,500
* Partnership	₦52,000
* Limited Liability	₦71,500

Please, pay the application and processing fee as relevant above, from anywhere, into COREN account No. 6012005088 with Zenith Bank, Awolowo Road, Ikoyi, Lagos. Send your completed application form with original bank teller as evidence of payment to Zenith Bank, preferably by Courier, to THE REGISTRAR at our Abuja Address.

APPLICATION FORM FOR REGISTRATION OF CONSULTING FIRMS

		Date: (Month, Day, Year)		
1. FIRM NAME (Firm to be registered)	Year Estab.	TYPE OF ORGANISATION		
		Sole	Partnership.	Ltd Liability
Business Address(es), Tel. No. Cable Address, E-mail No., Fax No Officers or Partners to be contacted				
3. Former Firm Name(s) if any and year established		4. Firm Ownership (Capital Structure)	%	Nationality
5. Present Branch, Office(s) and year established. Address, Telephone No., Cable Address, E-mail, Fax No. Person in Charge				
(continue on additional page if necessary)				
Field of Specialisation				
7. Highest fees earned (last 5 years) in naira				
20.....				
20.....				
20.....				
20.....				
20.....				
T o t a l				

Date

Name of Firm

8. Partners, directors, officers and key personnel of firm					
Name and Title	Years with firm	Date of Birth	Nationality	Education	
				University	Degree(s)
(Add curriculum vitae showing experience and professional affiliation)					

Date

Name of Firm

10. Typical projects for which consultant services have been provided during past five years
(Reference sheets may be submitted for as many projects as desired. Sheets should include at least one project in each field of specialization checked in Item 10 and each type of service checked in Item 11

Name of overall project

Location of overall project

Engineers level of effort.....

Owner's name and address.....

Year firm's services completed (indicate if estimated or actual).....

Associated firms.....

Description of project

(firm may submit as many pages as necessary)

Description of services firm provided

List all types of services (by symbols from Item 11) for associated aspects of overall project

Date

Name of Firm

9. Narrative Description of Firm

(continue on additional page if necessary)

As of this date _____ the forgoing is a true statement of facts.

Name of Firm submitting forms

Typed name and title of person signing

Signature

Date

Name of Firm

11. Types of Services Indicate in descending order of priority those services for which consider yourself especially qualified			
A. Advisory Service		Q Purchasing, Inspection and Testing Of Materials and Equipment	
B. Computer Service			
C. Construction Management		R. Resources Surveys	
D. Design of Machinery and Equipment		S. Rate Studies and Appraisals	
E. Engineering Design, Estimating, Preparation of Contract Documents, Bid Evaluation		T. Sector Studies	
F. Environmental Studies		U. Soils Engineering, Foundation Engineering & Design	
G. Hydro-Geology			
H. Hydrological Surveys		V. Supervision of Construction or Equipment Installation Contracts	
I. Industrial Process Engineering			
J. Machine Processing of Engineering Data		W. Testing and Inspection	
K. Management Studies		X. Topographical and Soil Surveys	
L. Mineral Surveys, Photo Interpretation		Y. Technical Feasibility Studies and Preliminary Engineering	
M. Mineral Exploration			
N. Operation and Maintenance		Z. Traffic Studies	
O. Planning Studies		Z-1 Value Analysis	
P. Project Management		Z-2 Others (Specify)	
		Z-3	
		Z-4	
		Z-5	
		Z-6	
		Z-7	