

APPLICATION FORM FOR "NO OBJECT" TO BE A METER ASSET PROVIDER (MAP) IN THE NESI

	SECTION A (applicant information)			
1	COMPANY NAME			
2	COMPANY ADDRESS			
3	COMPANY REGISTRATION	RC Number		
	DETAILS	Date of Incorporation		
		TIN Number		
4	CONTACT PERSON	Full Name: Telephone No. Email Address:		
5	PARTICLUARS OF PROMOTERS/DIRECTORS (Please use extra sheet where the number is more than five)	Full Name: Contact Address:		
		Telephone No.:		
		Email Address:		
		Full Name:		
		Contact Address:		
		Telephone No.: Email Address:		
1	1	ı Elliali Audi 633.		

PARTICLUARS OF PROMOTERS/DIRECTORS (Please use extra sheet where the number is more than five (5)) Telephone No.: Email Address: Full Name: Contact Address: Full Name: Contact Address: Full Name: Contact Address: I elephone No.: Email Address: Telephone No.: Email Address: 7 ATTESTATION I attest that the information provided in this form is Name: Sign: Date:	
Email Address: Full Name: Contact Address: Telephone No.: Email Address: 6 LIST OF ALL MEMBERS OF THE CONSORTIUM (where applicable); Use extra sheet where the number is more than five 7 ATTESTATION I attest that the information provided in this form is Name: Sign:	
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SECTION B (Mandatory additional documents to be provided)	
S/N Document Type Chec	klist
Copies of Certificate of Incorporation, Memorandum and Articles of Association	
2 Copies of Certified True Copies of CAC Form C02 and C07	
3 Copies of Tax Clearance Certificate for the past 3 consecutive years	
prior to the year in which application is made (where applicable) 4 Copies of Certified Audited Financial Statements for 3 consecutive	
Copies of Certified Audited Financial Statements for 3 consecutive years prior to the year in which application is made (where applicable)	
or Statement of Affairs	
5 Copy of VAT Registration Certificate	
Detailed Resume of Promoters/Directors as provided in Section A	
7 Five Year Business Plan	
Note: Where copies are required, originals must be provided for sighting	