

424, Aguiyi Ironsi Street, Maitama Abuja.

**P.M.B** 133, Garki-Abuja, Nigeria.

**E-mail**: info@nepc.gov.ng

**Website**: [www.nepc.gov.ng](http://www.nepc.gov.ng)

**ACCREDITATION FORM FOR EXPORT EXPANSION GRANT**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Company: | Enter Company Name here.  |
| 2 | Address: | Enter Company Address here .  |
| 3 | Telephone Number(s): | Enter Phone No here.  |
| 4 | Email: | Enter Company name here.  |
| 5 | Factory Address | Enter factory Address.  |
| 6 | Incorporation Certificate No.*(Please attach copy of certificate)* | Enter CAC incorporation no here.  |
| 7 | **Directors of the company *(Attach CAC and particulars of Directors)*** |

|  |  |
| --- | --- |
|  | Name of Directors  |
| ii |  Enter Director name 2  |
| iii |  Enter Director name 3  |
| iv |  Enter Director name 4  |
| V |  Enter Director name 4  |

|  |  |  |
| --- | --- | --- |
| 8 | NEPC Registration No. *(Attach Copy of Certificate):* | Enter NEPC Reg No. |
| 9 |   PRODUCTS |
| Enter Product 1 name here. | Enter export destination. |
| Enter Product 2 name here. | Enter export destination. |
| Enter Product 3 name here. | Enter export destination. |
| Enter Product 4 name here. | Enter export destination. |

|  |  |
| --- | --- |
| 10 | Identity of company Representatives (Attach valid means of identification) |
| i |  Representative 1 |
| Name Enter representative name here. | Affix Passport here |
| Designation Enter designation here.  |
| Phone no Enter Phone no here.  |
| Email Enter email here. |
| Signature |

|  |  |
| --- | --- |
| ii. |  Representative 2 |
| Name Enter representative name here. | Affix Passport here |
| Designation Enter designation here.  |
| Phone no Enter Phone no here.  |
| Email Enter email here. |
| Signature: |

|  |  |
| --- | --- |
| 11 | Approving Officer (*Chairman/ Managing Director/ Director/ Company Secretary)*(**Please attach valid means of identification**) |
| Name Enter representative name here. | Affix Passport here |
| Designation Enter designation here.  |
| Phone no Enter Phone no here.  |
| Email Enter email here. |
| Signature |

***FOR OFFICIAL USE ONLY***

1. Schedule officer’s certification
2. Evidence of Payment: (Receipt No./ Date)
3. Date Submitted
4. Documents Attached

1. Recommendation:
2. Qualified
3. Not Qualified
4. To supply more information
5. Allocation of Accreditation No

 Checking Officer Date

 Approving officer Date