

424, Aguiyi Ironsi Street, Maitama Abuja.

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

**E-mail**: [info@nepc.gov.ng](mailto:info@nepc.gov.ng)

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

**ACCREDITATION FORM FOR EXPORT EXPANSION GRANT**

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| --- | --- | --- |
| 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 |

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| --- | --- | --- | --- |
| 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. | |

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| --- | --- | --- |
| 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