

NATIONAL OFFICE FOR TECHNOLOGY ACQUISITION AND PROMOTION

(Established by Decree No. 70. 1979 as amended by Drecree NO. 82, 1992)

“TAA” PRE-QUALIFICATION FORM – PART 1

(To be used for the registration of Technology Acquisition agreement)

<p>To:</p> <p>DIRECTOR/ CHIEF EXECUTIVE OFFICER NATIONAL OFFICE FOR TECHNOLOGY ACQUISITION AND PROMOTION NO 1, BLANTYRE STREET OFF ADETOKUNBO ADEMOLA CRESCENT, WUSE II P.M.B 5074, WUSE, ABUJA., NIGERIA.</p> <p style="text-align: center;">..... <i>For Office Use Only</i> </p> <p>TAA-PQ FORM NO..... File no..... Date Received..... Industrial Sector..... <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Scale Processed By..... Recommendation.....</p> <p style="text-align: center;">Approval Status</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Bring Forward <input type="checkbox"/> Request Personal Appearance <input type="checkbox"/> Not Approved</p> <p>Date:</p>	<p>Originated By:</p> <p>Name..... Last Name..... First Name..... Middle Name..... Alias.....</p> <p>Acting as..... <i>Chairman of the Board of Directors</i></p> <p>of..... <i>Name of Company</i></p> <p>..... <i>No and Date of Incorporation</i></p> <p>..... <i>Registered Address: Number/ Street/City/State</i></p> <p>..... <i>Current Address Branch Address</i></p> <p>..... <i>Major line of Business</i></p> <p>..... <i>Telephone/Fax/E-mail/www</i></p> <p>Date Filled:</p>
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BUSINESS PROCESS DATE

ITEM	REQUEST	STATUS	REMARKS
001	Corporate Business(Commercial)	<input type="checkbox"/> Manufacturer	Total Workforce
	How would you classify your business status?	<input type="checkbox"/> Distributor	
		<input type="checkbox"/> Strategic Partner	
		<input type="checkbox"/> Partner	
		<input type="checkbox"/> Edu. Institution	
002	Government & Agencies	<input type="checkbox"/> Gov. <input type="checkbox"/> Govt. Agent	
003	User Classification	<input type="checkbox"/> Heavy User <input type="checkbox"/> Medium Scale <input type="checkbox"/> Small Scale User	
004	Total Number of Customer Base	How Many?	
005	Do you have an operating license? If yes attach a copy herewith	Yes <input type="checkbox"/> No <input type="checkbox"/>	
006	Total Annual Turnover last year	N	USD\$
007	Total Import Tax/ VAT paid last year	N	

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“TAA” PRE-QUALIFICATION FORM – PART 2

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BUSINESS PROCESS DATE

ITEM	REQUEST	STATUS	REMARKS
008	Are you and/ or your Company an accredited Member of any of the following IT Bodies in Nigeria? (Tick where applicable) <input type="checkbox"/> CPN <input type="checkbox"/> NCS <input type="checkbox"/> ITAN <input type="checkbox"/> ISPON	<input type="checkbox"/> Corporate Member <input type="checkbox"/> Professional Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Affiliate Member (Tick where applicable)	
009	Is the license meant to be used by one or more organisations? If Yes, indicate the names of the organisations and turnover	Yes No <input type="checkbox"/> <input type="checkbox"/>	
010	Supply information on the foreign technicians/ consultants who will be render services locally, if any		
010	Projected Volume Sale	<input type="checkbox"/> 1-10 User Product Licence <input type="checkbox"/> 11-20 User Product License <input type="checkbox"/> 21 – 50 User Product License <input type="checkbox"/> 51 – 100 User Product License <input type="checkbox"/> 100– 200 “ “ “ <input type="checkbox"/> 210– 500 “ “ “ <input type="checkbox"/> 501– 1000 “ “ “ <input type="checkbox"/> 1001– 2000 “ “ “ <input type="checkbox"/> 2001– 3000 “ “ “ <input type="checkbox"/> 3001-5000 “ “ “ <input type="checkbox"/> above 5000 User Product License	Per Quarter
011	Agreement and Licence Type (Tick where applicable) <input type="checkbox"/> Propriety Software <input type="checkbox"/> Free Software License <input type="checkbox"/> Semi-Free Software license <input type="checkbox"/> SHAREWARE <input type="checkbox"/> Public Domin Software <input type="checkbox"/> Education Software License <input type="checkbox"/> SHIRNK WRAP licenses OTHERS: Duration of Agreement <input type="checkbox"/> 6Months <input type="checkbox"/> 12Months <input type="checkbox"/> 18Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 months <input type="checkbox"/> 5years & Above Date of Signing the Agreement Effective Date of the Agreement Expiring Date of Agreement	<input type="checkbox"/> Operation systems <input type="checkbox"/> Server <input type="checkbox"/> Advanced Server <input type="checkbox"/> SQL <input type="checkbox"/> Oracle <input type="checkbox"/> Workstation MS W/S license <input type="checkbox"/> Banking application <input type="checkbox"/> Oil Drilling Application <input type="checkbox"/> Gas Processing Appl. <input type="checkbox"/> Insurance Application <input type="checkbox"/> Medical/ Hospital Appl. <input type="checkbox"/> Office Suite Application <input type="checkbox"/> Word Processing <input type="checkbox"/> Spread Sheet <input type="checkbox"/> Accounting Application <input type="checkbox"/> Training Applications <input type="checkbox"/> R& D Applications	Please specify product Brand Name Where applicable.

