

QUESTIONNAIRE FOR ICT SECTOR

**NATIONAL OFFICE FOR TECHNOLOGY ACQUISITION AND PROMOTION
(Established by Decree No. 70, 1979 As Amended By Decree No. 82, 1992)**

*Questionnaire to be completed for the Registration
of Technology Transfer Agreement*

Date..... and Place.....

1. INFORMATION ABOUT THE LICENSEE.

1.1 Name of the Enterprise.....

1.2 Legal address.....

1.3 Date of establishment of company.....

1.4 Location of the plant/operations where services related to the agreement is going to take place
.....
(Indicate number and street)

1.4.1 Town

1.4.2 State

1.4.3 Zone

1.5 Main business activities

1.6 Capital Structure:

1.6.1 Nigerian equity (state names of main shareholders) Percentage of equity
.....

1.6.2 Foreign equity (state names and nationality of main Percentage of equity
shareholders
.....

1.7 Corporate Business(Commercial)

1.7.1 How would you classify your business status?

- Manufacturer Distributor Strategic Partner Partner
- Edu. Institution

1.7.2 Total Workforce?

1.7.3 Government & Agencies? Gov. Gov. Agent

1.8 User Classification

- Heavy User Medium Scale User Small Scale User

1.9 Total Number of Customer Base: How Many?

1.10 Do you have an operating license? *(If yes attach a copy herewith)*

- Yes No
-

1.10 Total Annual Turnover last year

N

1.11 Total Import Tax/ VAT paid last year

N

1.12 Are you and/ or your Company an Accredited Member of any of the following IT Bodies in Nigeria?
(Tick where applicable)

- CPN NCS ITAN ISPON

1.13 Status? Corporate Member Professional Member
 Associate Member Affiliate Member

2. INFORMATION ABOUT THE LICENSOR

2.1 Name of enterprise:

2.2 Legal address:
(Indicate number, street, city, country)

2.3 Name and address of the parent company
.....

2.4 Main business activities

2.5 Location of transferor's main production plant

2.6 Is the license meant to be used by one or more organizations?

- Yes No
-

If Yes, indicate the names of the organizations and turnover

.....
.....

2.7 Supply information on the foreign technicians/ consultants who will be rendering services locally, if any

.....
.....

Projected Volume Sale

- | | |
|---|--|
| <input type="checkbox"/> 1-10 User Product License | <input type="checkbox"/> 1-20 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 | |

2.7.1 Per Quarter:

2.7.2 Agreement and License Type

(Tick where applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Proprietary Software | <input type="checkbox"/> Free Software | <input type="checkbox"/> Semi-Free Software license |
| <input type="checkbox"/> SHAREWARE | <input type="checkbox"/> Public Domain Software | <input type="checkbox"/> Education Software License |
| <input type="checkbox"/> SHIRNK WRAP license | | |

OTHERS:

2.7.3 Operation systems:

- Server
- Advanced Server
 - SQL Oracle
- Workstation
 - MS W/S license
- Banking application Oil Drilling Application
- Gas Processing Application Insurance Application
- Medical/Hospital Application Office Suite Application
- Word Processing Spread Sheet
- Accounting Application Training Applications

R&D Applications

(Please specify product brand Name Where applicable.)

3. GENERAL INFORMATION ABOUT THE AGREEMENT

3.1 This agreement is: A new agreement
 A renewal

3.1.1 If renewal, give reference number.....

3.2 Title of the agreement

3.3 Effective date of the agreement

3.4 Expiry date of the agreement

3.5 Duration of the agreement

6Months 12Months 18Months 4 Months months

3.6 Nature and purpose of the Agreement
.....

3.7 State Total Fund License fee: USD\$.....

3.7.1 Supply Banker’s Name and Address:
.....
.....

3.7.2 Supply correspondent Banker’s
Name and Address:
.....
.....

3.8 Name and address of Recipient Company (Include: Tel., E-mail,
Telex, website)
.....
.....

3.8.1 Main Business Activity
.....
.....

3.9 Location and address of OEM (Original Equipment Manufacturer)
.....

.....
3.10 Name/s of the brand to be Licensed

.....
.....
3.10.1 Is the product licensed in other Countries? Specify Country and location

.....
.....
3.10.2 Supply any other relevant information

.....
.....
3.11 Is the product for export?

Yes/No

If yes, supply details:

.....
.....
3.12 Will it be customized and repackaged? Yes/No

.....
.....
3.13 Supply any other relevant Information below:

.....
.....
4. **FINAL STATEMENT**

I am

Residing at.....

.....
Number, Street, City, State, Country

Citizen of

Position in the company

After having been sworn in accordance with the Laws of Nigeria hereby depose that I am duly authorized to furnish the above information which are true and correct to the best of my knowledge.

Signature:

Phone No:

Email:

Date: