



**NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY  
FEDERAL MINISTRY OF SCIENCE AND TECHNOLOGY  
NATIONAL SECRETARIAT, SAMONDA, IBADAN**



**REGISTRATION OF VENDOR FOR SUPPLY OF  
LABORATORY EQUIPMENT, CHEMICALS AND REAGENTS**

**APPLICATION FORM NUMBER:** .....

*This form Should be completed and returned to the Registrar of the Institute, with the form application fees (N5,000) and photocopies of all relevant documents  
(Attach necessary credentials/certificates)*

**SECTION A: DETAILS OF COMPANY OWNER**

**NAME OF BUSINESS OWNER:** .....  
.....  
**ADDRESS OF BUSINESS OWNER:** .....  
.....  
**EMAIL OF BUSINESS OWNER:** .....

Company Owner  
Affix recent  
Passport

**PHONE NUMBER OF BUSINESS OWNER:** .....  
**ACADEMIC QUALIFICATION OF BUSINESS OWNER:** .....  
.....  
**PROFESSIONAL QUALIFICATION OF BUSINESS OWNER:** .....

**SUBMIT VALID MEANS OF IDENTIFICATION:** VOTER'S CARD  DRIVER'S LICENSE   
INTERNATIONAL PASSPORT  NATIONAL ID CARD

**ATTACH: CURRICULUM VITAE, ACADEMIC CERTIFICATE(S), CAC CERTIFICATE**

**SECTION B: DETAILS OF COMPANY**

**COMPANY/BUSINESS NAME:** .....  
.....

**TYPE OF COMPANY:** Public  Private

**YEAR OF INCORPORATION (REGISTRATION WITH CORPORATE AFFAIRS COMMISSION):**

**CAC REGISTRATION NUMBER:** .....

**LOCATION/ADDRESS OF BUSINESS:** .....  
.....

**CITY/TOWN:** ..... **STATE:** .....

**COMPANY EMAIL ADDRESS:** .....

**COMPANY TELEPHONE NO.:** .....

**COMPANY TELEPHONE NO. 2:** .....

**CATEGORY A: SUPPLIES BETWEEN (< N10,000,000)**

**CATEGORY B: SUPPLIES BETWEEN (>N10,000,000)**

*(Check recent NISLT registration guideline on payment for various categories)*

**EQUIPMENT SUPPLY**

**CHEMICAL SUPPLY**

**REAGENTS SUPPLY**

**OTHERS**

**MENTION (if others):** .....

**PREVIOUS TRAINING ATTENDED:**

**TRAINING ON CHEMICALS/REAGENTS HANDLING AND STORAGE:**

YES

NO

**TRAINING ON EQUIPMENT INSTALLATION/MAINTENANCE:**

YES

NO

**METHOD OF WASTE DISPOSAL:** .....

**STATE MEASURES ADOPTED FOR PERSONNEL SAFETY:**

**SAFETY MEASURES ADOPTED FOR HANDLING OF CHEMICALS/REAGENTS:**

**SECTION C: DETAILS OF NISLT REGISTERED MEMBER WITH ANNUAL PRACTICING LICENSE:** *(It is compulsory to have a registered member of the Institute with current annual practicing license as a Staff/Consultant/Adviser for the Company.)*

**NAME:** .....

**NISLT REGISTRATION NUMBER:** .....

YEAR OF REGISTRATION: .....

MEMBERSHIP GRADE: ORDINARY  ASSOCIATE  FELLOW

ACADEMIC QUALIFICATION(S): .....

SCHOOL(S) ATTENDED: .....

SLT AREA OF SPECIALIZATION/OPTION: .....

CONTACT ADDRESS: .....

EMAIL: .....

PHONE NUMBER: .....

HOW MANY STAFF ARE REGISTERED MEMBER(S) OF NISLT IN THE COMPANY:

ATTACH THE CREDENTIALS OF ALL STAFF OF THE COMPANY HOLDING NISLT LICENSE

**SECTION D: OFFICAL REMARK**

**FOR OFFICIAL USE ONLY**

Eligible

Not Eligible

If not Eligible state reason(s): .....

Receipt No.: .....

Application form submission Date: .....

Date Registration: .....

Form Processed by: .....

**Final Remarks:** .....

*For further information and enquiries, please contact the Director-General/Registrar/Chief Executive Officer  
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National Secretariat Samonda, P.O. Box 9764 U.I. Post office, Ibadan*

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