

APPLICATION FORM FOR PRE-QUALIFICATION AS A SOFTWARE TESTING COMPANY

Company Profile

Name of Company: _____

Company Registration Certificate No: _____

Date of Registration: _____

Name of MD/ CEO: _____

Staff Profile

Number of IT Staff: _____

No. of Software Solution Developers: _____ No. of Hardware Engineers: _____

No. of Certified Software Quality Assurance Testers (CSQAT): _____

(Please attach a list with the names of CSQAT, their year of certification and photocopies of certificates, as a MS Word or PDF document to kabonta@nitda.gov.ng)

Areas of Expertise in Software Development

(Please indicate Company's areas of expertise)

Client Portfolio

(Please attach a list of clients and projects undertaken, stating the clients' name, address, nature of project, and date of completion)

Software Testing Equipment & Tools owned by Applicant

(Please attach or list by name, model, configuration, and platform e.g. Windows, Linux and Macintosh platform)

Application Fee

Applicants are required to make a non-refundable payment of N10, 000 (ten Thousand naira) only for administrative purposes. Payments should be by BANK DRAFT made in favor of: The National Information Technology Development Agency (NITDA). Bank drafts should be mailed or submitted to any of the above NITDA addresses.

N/B: Please indicate company name at back of bank of draft

Bank Draft Details *(please indicate the bank name and bank draft number)*

Bank Draft Number: _____ Bank Name: _____

Method of Submission

Please submit a completed version of this form with the attachments to any of the following NITDA offices:

ABUJA OFFICE: Office of the Director General, NITDA 28, Port Harcourt Crescent, Off Gimbiya Street, Area 11, Abuja .

LAGOS OFFICE: NITDA Lagos Liaison Office, No. 9 Kofo Abayomi Street, Victoria Island, Lagos.

Enquiries

Any inquiries may be directed to:

09-3142925 ext 114/116

OR

kabonta@nitda.gov.ng