



BPO SUBSIDY REGISTRATIONS FORM

Name of Company _____

Physical Address _____

Postal Address _____ Postal Code _____

Telephone: Landline _____ Mobile _____

Principals Name (e.g. Managing Director, CEO etc) _____

Official Title/Designation _____

Email contacts _____ Web Address _____

Year of incorporation _____ PIN No. _____ Vat No. _____

Contact Persons(s)

Name _____ Designation _____

Telephone: Landline _____ Mobile _____

Email contacts _____

Basic Information

1. Type of Operations :i) Call Centre ii) Data Processing Centre iii) Both - (Tick as appropriate)

2. Other -specify) _____

3. Total Number of seats _____

4. On average, how many seats have been active over the past 3 month? _____

5. What other services (secondary) does your company provide?(please list)

6. What is the percentage spread of the different offerings (e.g. x%, financial transcription, y% outbound calls etc)

Please attach the following:

- a) List of Directors
- b) 2 Passport Size Photographs of each director
- c) Copy of ID/Passport of each director
- d) Copies of Memorandum and Articles of Association
- e) Copy of VAT Certificate
- f) Copies of PIN for the Company and the Directors
- g) Copy of Tax compliance Certificate
- h) Copy of Certificate of Incorporation
