

FORM NSC/SR

NSC/SR/_____



NIGERIAN SHIPPERS' COUNCIL



REGISTRATION OF SERVICE PROVIDERS IN THE REGULATED PORT SECTOR IN NIGERIA

Agency/Company/Organization

INSTRUCTIONS:

The **Nigerian Shippers' Council NSC (Port Economic) Regulations 2015, FRN Official Gazette No. 31, Vol. 102, Government Notice No. 28** seeks to create an effective regulatory regime at Nigerian Ports for the Control of Tariffs, Rates, Charges and other related economic services. The Regulations oblige all Service Providers in the Ports to register with the NSC pursuant to **Regulation 4 (1)**.

REQUIREMENTS FOR REGISTRATION

SECTION A: To be completed by ALL Regulated Port Service Providers (RPSPs).

SECTION B: To be completed by Government Agencies providing Regulated Services in the Ports ONLY.

To register under this category, the Government Agency shall submit to the Registry, the following:-

1. **Form NSC/SR**, duly completed, signed and stamped/sealed by relevant officials; and
2. Any other relevant document.

SECTION C: To be completed by Logistics Services Providers ONLY.

To register under this category, the Logistics Service Provider shall submit to the Registry, **Form NSC/SR**, duly completed, signed and stamped/sealed by relevant officials along with the following:-

1. Certified True Copy of Certificate of Incorporation/Business Name Registration Certificate (as Applicable);
2. Current Tax Clearance Certificate;
3. Evidence of Registration with NPA, NIMASA and other RELEVANT Government Bodies; and
4. Form CAC 7 (Particulars of Directors) as applicable.

SECTION D: To be completed by Dry Ports, ICDs, Sea Ports and Off-Dock Terminal Operators ONLY.

To register under this category, the Port/Off Dock Terminal Operator shall submit to the Registry, **Form NSC/SR** duly completed, signed and stamped/sealed by relevant officials along with the following:-

1. Certified True Copy of Certificate of Incorporation/Business Name Registration Certificate (as Applicable);
2. Current Concession, PPP or Lease Agreement (as applicable);
3. Current Tax Clearance Certificate;
4. Evidence of Registration with NPA and other relevant Government Bodies; and
5. Form CAC 7 (Particulars of Directors) as applicable.

SECTION E: To be completed by Shipping Agencies/Companies/Lines ONLY.

To register under this category, the Shipping Agency/Company/Line shall submit to the Registry, **Form NSC/SR** duly completed, signed and stamped/sealed by relevant officials along with the following:-

1. Certified True Copy of Certificate of Incorporation/Business Name Registration Certificate (as Applicable);
2. Current Tax clearance Certificate;
3. Evidence of Registration with NPA, NIMASA and other relevant Government Bodies; and
4. Form CAC 7 (Particulars of Directors) as applicable.

SECTION F: To be completed by Other Port Service Providers/Users other than those mentioned above.

To register under this category, Service Provider/User shall submit to the Registry, **Form NSC/SR** duly completed, signed and stamped/sealed by relevant officials along with the following:-

1. Certified True Copy of Certificate of Incorporation/Business Name Registration Certificate (if any);
2. Current Tax clearance Certificate;
3. Evidence of Registration with NPA, NIMASA, Shippers' Association and other bodies (if any); and
4. Form CAC 7 (Particulars of Directors) if any.

SECTION A: PROFILE

1. Name of Agency/Company/Organization

2. Date of Establishment/Incorporation/Registration (with CAC)

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3. Address

4. Postal Address

5. Telephone

6. E-mail

7. Website

SECTION B: GOVERNMENT AGENCIES

8. SERVICES PROVIDED IN THE PORT:

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9. ANY OTHER RELEVANT INFORMATION

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SECTION C: LOGISTICS SERVICES PROVIDERS

10. LINE OF BUSINESS (Please tick as appropriate)

Cargo Consolidation Chandelling Clearing Agents Freight Forwarding

Haulage Stevedoring Warehousing Others Please specify.....

11. LICENCES/CERTIFICATION

Customs License No: Expiration Date:
CRFFN Registration No: Expiration Date:
Others: Expiration Date:

12. ANY OTHER RELEVANT INFORMATION

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SECTION D: DRY PORTS, ICDs, OFF-DOCK AND SEA PORTS TERMINAL OPERATORS

13. LINE OF BUSINESS (Please tick as appropriate)

Dry Port Terminal ICD Off-Dock Terminal Sea Port Terminal

	Name of Terminal	Location of Terminal
i.
ii.
iii.
iv.

14. STATUS OF TERMINAL (Please tick as appropriate)

Concession Public-Private Partnership (PPP) Lease Agreement
Others (Please specify):

15. CARGO TYPE (Please tick as appropriate)

Bulk Container Dry RO-RO Wet Others Please specify: -

16. ANY OTHER RELEVANT INFORMATION

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SECTION E: SHIPPING AGENCIES/COMPANIES/LINES

17. LINE OF BUSINESS (Please tick as appropriate)

a. Shipping Agency Shipping Company/Line

b. Vessel/Lines Represented in Nigeria:
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18. CARGO TYPE (Please tick as appropriate)

Bulk Container Dry RO-RO Wet

Others Specify:

19. ANY OTHER RELEVANT INFORMATION

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SECTION F: OTHER SERVICE PROVIDERS AND USERS IN THE REGULATED PORT SECTOR

20. LINE OF BUSINESS

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21. ANY OTHER RELEVANT INFORMATION

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SECTION G: UNDERTAKING

I/We
and, whose signature(s)
appear below, hereby certify that the information supplied in this application form is true in all
respects and I/We hereby give an undertaking that upon registration, we shall abide by the
provisions of the Nigerian Shippers’ Council NSC (Port Economic) Regulations 2015, FRN Official
Gazette No. 31, Vol. 102, Government Notice No. 28, other relevant laws and terms and conditions
upon which the application is granted.

AUTHORIZED SIGNATORY

Designation

Date

AUTHORIZED SIGNATORY

Designation

Date

Official/Company Seal/Stamp

Please note that information supplied shall be subject to inspection and verification.

FOR OFFICIAL USE ONLY

Application received by:-

Names _____ Signature/Date: _____

ACTION TAKEN

Documents Verified Fee Paid Acknowledgement Slip Issued Filed Approval
Granted Certificate of Registration Issued

Verifying Officer

Approving Officer

Registrar

Acknowledgment Slip

RPSP ID _____

Received From _____

Of _____

ISSUING AUTHORITY

Name _____

Designation _____

Signature _____

Date _____

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Acknowledgment Slip

RPSP ID _____

Received From _____

Of _____

ISSUING AUTHORITY

Name _____

Designation _____

Signature _____

Date _____