

**ELECTRICAL & ELECTRONIC EQUIPMENT (EEE)**

**PRODUCER REGISTRATION FORM**

(Producer: the most responsible entity which may include but is not limited to the brand owner, manufacturer, franchisee, assembler, filler, distributor, retailer or importer.)

1. **PRODUCER COMPANY INFORMATION**

Full Company Registered Name: -------------------------------------------------------------------------------------------------------------------------------------------

Trading Name: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Company Registration Number (CAC): ------------------------------------------------------------------------------------------------------------------------------

Company Type (Ltd liability, Ltd by Guarantee, Plc, etc): --------------------------------------------------------------------------------------------

Year of Incorporation: --------------------------------------------------------------------------------------------------------------------------------------------------------------

Year started trading in EEE in Nigeria: ------------------------------------------------------------------------------------------------------------------------------

Is this the first time you are registering with EPRON? Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If No, please indicate in which of the following years did you register and or renew your registration with EPRON? 2020 \_\_\_\_\_ 2021\_\_\_\_\_\_\_2022, Kindly upload your registration certificates for the period

Telephone: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Fax: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Website: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TIN Number: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Registered Address: --------------------------------------------------------------------------------------------------------------------------------------------------------------------

Company Address in Nigeria: -------------------------------------------------------------------------------------------------------------------------------------------------

**Main Address to be used for correspondence** (or principal place of business if not a registered company)

Street Name: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Town: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

State: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Country: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. **PRODUCER CONTACT INFORMATION**

Name of CEO or Senior Authorised Signatory in Nigeria: ----------------------------------------------------------------------------------

For partnerships enter at least two partners, add each one on a new line:

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Producer Main Contact ***for regular correspondence***(must be a contact at Producers address)

Name: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Job Title: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telephone: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Email: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Fax: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Producer Accounts Contact (must be a contact at Producers address)***for invoicing*** (if different from main contact)

Name: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Job Title: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telephone: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Email: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Fax: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. **PRODUCER TYPE**

Please tick the box (es) which describes your business most accurately

1. **Our Company**

Manufactures EEE

Imports EEE

Assembles EEE

Re-brands EEE

Distributes EEE

Retails EEE

1. **Obligation Type:**

Our products are used by households

Our products are used by businesses

Our products are used by both households and businesses

We use our products

1. **Sales Approach**

Direct Selling to End User

Indirect Selling to End User

Online Selling

All

Not applicable (for users)

Brand Name(s): …………………………………………………………………………………

…………………………………………………………………………………………………..

**(Please specify the name of your product brand, at least one brand name is required, there is no upper limit on the number of brand names. If you have more than one brand name, brand names should be separated by the; character.)**

1. **EEE PRODUCER CATEGORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Category** | **Label** | **Please tick** |
| **1.** | Large household appliances e.g. fridges and air conditioning appliances. | Large HH |  |
| **2.** | Small household appliances e.g. sewing machines, toasters and clocks. | Small HH |  |
| **3.** | IT and telecommunications equipment e.g. computers and their accessories, calculators and phones. | ICT |  |
| **4.** | Consumer equipment e.g. TVs, radios and musical instruments. | CE |  |
| **5.** | Lighting equipment e.g. fluorescent lamps and non-household luminaire. | Lighting |  |
| **6.** | Electrical and electronic tools (with the exception of large-scale stationary industrial tools) e.g. drill, welding equipment and lawnmowers. | E&E tools |  |
| **7.** | Monitoring and control instruments e.g. smoke detectors, thermostatas and other instruments used in industrial installations. | M&C |  |
| **8.** | Automatic dispensers e.g. drink, food and money dispensers. | Dispensers |  |
| **9.** | Toys, leisure and sports equipment e.g. electric train sets, video games and slot machines. | Toys |  |
| **10.** | Medical devices (with the exception of all implanted and infected products) e.g. dialysis machines, ventilators and radiotherapy equipment. | Medical equipment |  |

1. **FINAL DETAILS & DECLARATIONS**

Are you a member of any trade representation or association?

Yes No

If yes, please specify:……………………………………………………………………………..

1. **Declaration**

The information provided in this form is factual and true and may be subject to verification if so requested by EPRON/NESREA.

I have read carefully; I understand and I agree with the above declaration

Full Name ………………………………………...…………………………………

Signature and stamp…………………………. Date……………………………

Please enter an email address if you would like to receive a copy of your submitted form

……………………………………………………………..

***\*\*\*\*Note: Documentary evidence may be requested from your organization to validate these claims.***