



FEDERAL REPUBLIC OF NIGERIA

Contributing Oil Report Form (COR-1) (1992 Fund)



COR-1

Date: _____

OIL RECEIVER INFORMATION

Company Name (Consignee): _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

INVOICING ENTITY

Entity Name: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

CONTRIBUTING OIL INFORMATION

Ownership of Oil (Tick as appropriate) Individual (Sole)
 Joint (Please indicate Parties): _____
 Subsidiary of: _____

Type of Contributing Oil (See Appendix II): _____

Volume of Oil Received (imported by sea/offshore source): _____ MT. Country/Facility of Origin _____

Volume of Oil Received (from within Nigeria): _____ MT.

Volume of Oil Received by pipeline, land transport, others: _____ MT. Country of origin: _____

SIGNATURES

Company Official

Nigerian Midstream and Downstream Petroleum Authority

Name of Reporting Officer: _____

Name: _____

Title: _____

Ministry/Department/Agency: _____

Signature & Date: _____

Signature, Date & Stamp: _____