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

Name of Reporting Officer: ___________________________ Title: ___________________________
Signature & Date: ___________________________ Ministry/Department/Agency: _______________________

Nigerian Midstream and Downstream Petroleum Authority

Name: ___________________________________________ Signature, Date & Stamp: _______________________

Ministry/Department/Agency: ___________________________ Signature, Date & Stamp: _______________________

Signature: ________________________________________