

Contributing Oil Report Form (COR-1)



FEDERAL REPUBLIC OF NIGERIA CONTRIBUTING OIL REPORT FORM (COR-1)



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

Department of Petroleum Resources

Name of Reporting Officer: _____
Title: _____
Signature & Date: _____

Name: _____
Designation: _____
Signature, Date & Stamp: _____

Important Notes for Company or Entity Receiving Contributing Oil

- ❖ Each company or entity that received contributing oil (see Appendix II) within Nigerian waters within a quarter of every calendar year is mandated to submit a report. Sanctions shall apply for failure to submit report.
- ❖ Company or entity includes any individual or partnership, any public or private body, whether corporate or not.