



COMMUNITY HEALTH PRACTITIONERS REGISTRATION BOARD OF NIGERIA



Established by Decree 61 of 1992 (now LFN CAP C.19 of 2004)

Address: Plot 379 EFAB Estate Road, Life Camp. (By Skye Bank), Jabi District, Abuja.

E-mail: communityhealthboard@yahoo.com, chprbnregistrar@ymail.com

Website: www.chprbn.org.ng. **Tel:** 08178708504, 08169189035.

CHPRB/ADM.195/VOL.III/75

March 27, 2017

The Chief Executive Officer,
Public & Private Development Centre
Plot 184, Cadastral Zone A6
SCCN House (Opposite Exclusive Stores)
Ademola Adetokumbo Crescent
Wuse II, Abuja

RE: FREEDOM OF INFORMATION (FOI) REQUEST FOR:

- (A) RECORDS OF PAYMENT FOR CAPITAL PROJECTS RELEASED TO THE COMMUNITY HEALTH PRACTITIONERS REGISTRATION BOARD OF NIGERIA IN THE YEAR 2016
- (B) LIST OF CONTRACTS AWARDED BY COMMUNITY HEALTH PRACTITIONERS REGISTRATION BOARD OF NIGERIA IN THE YEAR 2016
- (C) THE PROCUREMENT PLAN WITHIN ITS APPROVAL THRESHOLD FOR THE YEAR 2017.

I am directed to acknowledge the receipt of your letter on the above mentioned matter dated 23rd January, 2017.

I am further directed to respond to your request as itemized; A, B and C

- A.) See attached record of payment for capital project released to the Community Health Practitioners Registration Board of Nigeria in the year 2016.
- B.) The only contract that was awarded by the Community Health Practitioners Registration Board of Nigeria (Capital Project Released) in the year 2016 was the procurement of one (1) unit of official vehicle from Stallion NMN Limited.
- C.) The procurement plan within its approval threshold for the year 2017 is work in progress

Please accept the assurances of the Ag. Registrar/CEO regard and highest esteem


27/03/2017
Inivie Osuagi

For: Ag. Registrar/CEO



Budget Execution

[Inivie Osuagi](#) | [Log out](#)

[Cash Management](#) → [Payment Register](#) → [View Payment](#)

View Payment

Payment Info

Payment No: 1000364626-1
Payer: 0521010001 | COMMUNITY HEALTH PRACTITONERS REGISTRATION BOARD
Beneficiary Type: Freetext
Gross Amount: 5 700 000.00
Beneficiary Amount: 5 700 000.00
Tax Amount: 0.00
Currency: NGN
Payment Status: Paid
Authorized by: 0521010001 | COMMUNITY HEALTH PRACTITONERS REGISTRATION BOARD

Payment Reference

No:
Description: PURCHASE OF MOTOR VEHICLE
Batch Date: 20/02/2017
Ledger Status: Settled

Beneficiary Info

Name: STALLION NMN LTD
Bank Account No: 0020524998
Bank Code: 232
Phone No: 0
Email: 0

Payment Order State Log


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- [Budget Execution](#)
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COMMUNITY HEALTH PRACTITONERS REGISTRATION BOARD

Federal Government of Nigeria

GIFMIS  Public Finance Management Suite | Nortal AS

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COMMUNITY HEALTH PRAC REG BOARD

Invoice No: 001/2017/02/2017

Invoice No: 319

Invoice No: 14067002

Invoice Date: 14/03/2017 15:07

Station: STATION 001/001/001

Station: STATION

Station: STATION HEAD OFFICE

Station: STATION

Station: STATION

Station: STATION OFFICIAL VEHICLE

Station: STATION OFFICIAL VEHICLE

Station: STATION

Station: STATION

Invoice Date: 14/03/2017 15:07

COMMUNITY HEALTH PRACTITIONERS
REGISTRATION BOARD OF NIGERIA

Remita

Payment Advice

COMMUNITY HEALTH PRAC REG BOARD

Report Time: 28/03/2017 15:39.12

Batch No: 319

Ref No: 149697922

Trans Date: 15/02/2017 15:17

CBN

Pay	STALLION NMN LIMITED
Bank	STERLING
Branch	STERLING: HEAD OFFICE
Sort Code	232
Account Number	0020524998
Brief Description	1 UNIT OFFICIAL VEHICLE
Detailed Description	1 UNIT OFFICIAL VEHICLE
Transaction Time	February 21, 2017 17:41
Amount	₦ 1,482,000.00

Payment hit the above specified account by: 17:41 February 21, 2017