



Application for a Supply Group Code

A supply group code is used to identify the recipient of funds collected on particular prepaid metering devices.

- Supply Group Codes are issued subject to terms defined in [STS700-1](#)
- The association will validate information provided, to the extent required by law.
- Applications may be declined if incorrect or incomplete information is provided.
- Information provided will not be shared with third parties, unless required by law.

Applicant Organization - Registered Corporate Details.

Registered Name	Revocube Technologies Multi Global Limited
Trading Name	Revocube Technologies Multi Global Limited
Business Address	12, Ajisafe street Ikeja Lagos
City	Lagos
State / Province	Lagos State
Postal / Zip Code	100271
Country	Nigeria
Registration Number (if applicable)	
Tax Number (if applicable)	
Website (if applicable)	revocube.com
Office Email Address	12, Ajisafe street Ikeja Lagos
Telephone Number	09168629624

Provide the following supporting documents:

- Proof of registration, which must record the name and registration number of the Applicant Organization.
- List of current directors.
- Proof of operational address (copy of a recent utility invoice, lease, or bank statement).
- Copy of identity document or passport for person authorised by the Applicant Organisation to sign this application.
- A letter from the company accountants with the information as shown in the sample letter at the end of this document

Applicant Organization- Authorised Representative Details

The Applicant Organization's Authorized Representative is the person who has been nominated and authorised by the Applicant Organization to request an SGC from the STSA on its behalf.

The details of the Authorised Representative will be verified by the STSA by comparing them against the supporting details provided below, but to the extent that the STSA deems it necessary or desirable, the STSA may verify these details in any other reasonable and lawful manner.

We, the Applicant Organization, hereby nominate the following person as the Authorized Representative for our organization.

Authorised Representative Name	Afuye Adedamola Omoniyi
Job Title	Software Engineer
Identity / Passport Number	29999377613
Office Email Address	adedamola@revocube.com
Telephone Number	08121236904

Supply Group Code Details

The following details the attributes of the SGC being applied for. Only one (1) SGC can be requested at a time using this Application Form.

Indicate how you intend using this Supply Group Code	• <u>Submetering (behind a utility bulk meter).</u> • <u>We are a public utility.</u> • <u>We will be metering on behalf of a public utility. - please attach a permission letter.</u> • <u>We operate micro-grids.</u> • <u>Manufacturing.</u> • Other (put in a free text box here).						
Area / Region of Use	Nigeria						
Country of Use	Nigeria						
Name of Supply Group	Revocube Technologies						
Credit Type	Units	50	Currency	Naira			
Service/Utility Type	Electricity		Water		Gas		Time
If this is an existing SGC and details of this SGC are changing, enter the existing SGC number here							

Notes:

1. If you change your geographic area of use of the SGC, you need to inform the STSA.
2. A SGC cannot be used as a primary meter without the permission of the utility

Conditions of use and conduct

Once the Authorised Representative has read and understood STS 700-1 (Conditions of use and conduct for the use and management of Supply Group Codes), the Authorised Representative must indicate his or her acceptance of it on behalf of the Applicant Organization by inserting an "X" next to the block entitled "YES" in the table below. This Application Form will not be considered complete, unless and until STS 700-1 has been read, understood and accepted by the Authorised Representative in the manner contemplated in this Application Form.

I have read and accept the Conditions of use and conduct (STS 700-1)	YES	YES
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We confirm that the details provided in this form and the appointment of our representative are correct and binding on our organization

For the Applicant Organization (Director, executive officer or accounting officer on behalf of the Organization)

Name: _____

Signature: _____

Date: _____

For the Applicant Organization Representative

Name: Afuye Adedamola_____

Signature: _____

Date: 21/07/2026_____

For office use only

Verified by: (STSA - Know your customer)

Full Name	
Designation	
Signature	
Date	

Application Processed by: (KMC)

Full Name	
Designation	
Signature	
Date	

Sample accountant's letter to be sent:

To whom it may concern,

Dear Sir/ Madam,

RE: CLIENT – [**CLIENT NAME**]– REGISTRATION NUMBER: [**REG NO**] (the “Company”)

We, [**ACCOUNTANT ENTITY NAME**], as registered accountants of the Company, hereby confirm the following in respect thereof after inspection of the company's statutory records:

The Company's director, as at the date hereof, is as follows:

DIRECTOR'S IDENTITY NUMBER Number

[Identity Number]

We further confirm that the registered and postal address of the Company have been updated to the following:

[ENTITY ADDRESS OF CLIENT]

If any further information is required, please feel free to contact us.

[**ACCOUNTANT ENTITY NAME**]

[**ADDRESS**]

[**EMAIL ADDRESS**]

[**PRACTICE Number**]

[**CONTACT PERSON**]

Yours faithfully,

[SIGNATURE OF ACCOUNTANT]