

**CORPORATE AFFAIRS COMMISSION**

CAC/BN/1

**APPLICATION FOR REGISTRATION OF BUSINESS NAME***Pursuant to Section 675***A. NAME OF BUSINESS****SANDSIFY SYSTEMS****B. GENERAL NATURE OF BUSINESS****1 Software development, General contract, outsourcing, Sales and installation,****C. FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS****SHOP 43, ODUN-ADE PLAZA, OFF ODUN-ADE BUS STOP ODUN ADE. LAGOS (AJEROMI IFELODUN, LAGOS)****D. FULL ADDRESS OF BRANCH(ES) IF ANY****5, EMMANUEL KAYODE STREET SARI-IGANMU LAGOS****E. PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):****1**

<b>SURNAME: AKINROPO</b>			
<b>OTHER NAMES: SHAFI KEHINDE</b>		<b>AGE: 28 years</b>	
<b>CONTACT ADDRESS: 39, Moshalashi Street, off Odunade Bus Stop Coker Orile Lagos.</b>			
<b>CITY: lagos</b>	<b>STATE: LAGOS</b>	<b>P.O BOX:</b>	
<b>PHONE NUMBER: 08145360866</b>		<b>EMAIL: sakinropo@gmail.com</b>	

**Signature:**
**Date: 18-march-2020****F. PARTICULARS OF CORPORATION WHICH IS A PROPRIETOR:**

*Attestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprietors is a minor:*

**NAME & TEL.**

**NO.:**

**ADDRESS:**

**SIGNATURE,  
DESIGNATION  
& DATE:**

*Attestation of Director or Secretary of the Company where one of the proprietors is a company:*

**NAME & TEL.**

**NO.:**

**ADDRESS:**

**SIGNATURE,  
DESIGNATION  
& DATE:**

**G. DATE OF COMMENCEMENT OF  
BUSINESS:**

**Date: Mar 1, 2020**

**H. ATTESTATION:**

*I/We, the undersigned, being proprietor(s) of the above named business name hereby certify that the foregoing particulars are, to the best of my/our knowledge and belief, correct and I/we undertake to notify the Registrar of Business Names whenever any change is made or occurs in any of them other than the age of any of the proprietors.*



18-march-2020

**PROPRIETOR**

**BEFORE  
ME**

**PROPRIETOR**

**COMMISSIONER FOR OATHS**

**Note:** If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form

**PRESENTED FOR FILING BY:**

<b>NAME: SHAFI KEHINDE AKINROPO</b>	<b>ACCREDITATION NO. N/A (if applicable)</b>
<b>ADDRESS: 39, Moshalashi Street, off Odunade Bus Stop Coker Orile Lagos. (Lagos, LAGOS)</b>	
<b>TEL. NO.: +2348145360866</b>	<b>E-MAIL: sakinropo@gmail.com</b>