

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, consulting, 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**

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

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:

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