

# CORPORATE AFFAIRS COMMISSION



736836

CAC/BN/I

## APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 657

Reg. No.

A. Name of Business:

B. General Nature of Business:

CIVIL/WORKS ELECTRICAL, GENERAL MERCHANDISE, CONTRACT, SUPPLY, EXPORT & IMPORT

C. Full Address of Principal Place of Business:

NO.21, FATOKUN STREET, RAINBOW BUS STOP, IYANA-IYESI OTA, OGUN STATE

D. Full Address of Branch(es) (if any):



E. Particulars of Proprietors (other than corporations):

1.	Name:	TAIWO EREWUNMI		
	Any Former Furname or Surname:			
	Sex:	M	Age:	26/02/80
			Tel. No.	08038552620
	Nationality:	NIGERIAN		Any Former Nationality
	Residential Address	21, FATOKUN STREET, RAINBOW BUS STOP, IYANA-IYESI		
	City:	OTA	State:	OGUN
	Occupation	BUSINESSMAN		E-mail
		taiwo-erewunmi@y		



Signature:

Date: 17/11/15

2.	Name:			
	Any Former Furname or Surname:			
	Sex:		Age:	
			Occupation:	
	Nationality:			Any Former Nationality
	Residential Address			

☒ 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: \_\_\_\_\_

CORPORATE	MISSION
CERTIFICATE	COPY
NAME: _____	DESIGNATION: _____
SIGN & DATE: 21/12/15	

G. Date of Commencement of Business: \_\_\_\_\_

17/11/15

F. 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.*

\_\_\_\_\_

Proprietor

Proprietor

Before Me

Commissioner of 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: **TAIWO EREWUNMI**

Accreditation No. (If applicable): \_\_\_\_\_

Address: **21, FATOKUN STREET, RAINBOW BUS STOP, IYANA-IVESI**

Tel. No. & E-mail: **08038552620**

Signature & Date: \_\_\_\_\_ 17/11/15