

# CORPORATE AFFAIRS COMMISSION

## STATEMENT OF SHARE CAPITAL AND RETURN

Pursuant to Section 35 & 129

THE WITHIN INSTRUMENT IN THE  
OF ALLOTMENT, SIGNER OF  
STAMP DUTIES CHARGEABLE WITH A  
DUTY OF ₦ 7,500  
AND THE DUTY THEREON HAS BEEN  
ASSESSED ACCORDINGLY  
COMMISSIONER OF STAMP DUTIES

Company Number

Company Name

AKOSHA ASSHUR MIL LTD

### A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION Naira

1,000,000

AMOUNT IN WORDS One million Naira  
Pre-Incorporation

DIVIDED INTO

1,000,000

1.00

EACH

### b. RETURN OF ALLOTMENT OF SHARES

Number of share allotted payable in cash:

1,000,000

Nominal amount of shares so allotted:

₦ 1,000,000

Amount paid or due payable on each share:

Number of share allotted for consideration other than:

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

1,000,000

₦ 1,000,000

CORPORATE AFFAIRS COMMISSION  
VERIFICATION  
APPROVED BY

12 NOV 2015

NIL

NIL

NIL

Dated this

17 OCTOBER

day of

OCTOBER

20

14

Signature of Director

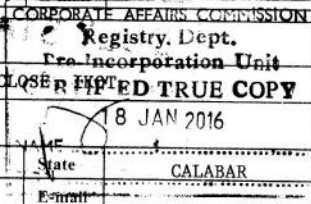
EMMANUEL AKOMAYE AKPANKE

Name of Director & Tel. No.

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Allotted	Type of Shares
Name:	EMMANUEL AKOMAYE AKPANKE			500,000	ORDINARY
Address:	Plot I AFTER OLD TRANSFORMER SOKALE DUTSE, ALHAJI,				
City	ABUJA	State	FCT		
P.O. Box		E-mail			

Name:	MONICA UGMOLIGIE AKPANKE			250,000	ORDINARY
Address:	Km I WINNERS CHAPEL CAAANLAND RING 10 IDI-IROKO ROAD OTA				
City	LAGOS	State	LAGOS		
P.O. Box		E-mail			

Name:	RODE UGBE AKPANKE			250,000	ORDINARY
Address:	NO.4, INYONG AGBOR CLOSE BY				
City	ANSA	State	CALABAR		
P.O. Box		E-mail			



Name:					
Address:					
City		State			
P.O. Box		E-mail			

Name:					
Address:					
City		State			
P.O. Box		E-mail			



Name:					
Address:					
City		State			
P.O. Box		E-mail			

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Allotted	Type of Shares
Name:					
Address:					
City	State				
P.O. Box	E-mail				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> CORPORATE AFFAIRS COMMISSION  18 JAN 2016  CERTIFIED TRUE COPY </div>					
Name:					
Address:					
City	State				
P.O. Box	E-mail				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> CORPORATE AFFAIRS COMMISSION  NAME  SIGN </div>					
Name:					
Address:					
City	State				
P.O. Box	E-mail				
Name:					
Address:					
City	State				
P.O. Box	E-mail				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; transform: rotate(-10deg);"> CORPORATE AFFAIRS COMMISSION  <b>VERIFICATION</b>  APPROVED BY  12 NOV 2015  NAME  SIGN </div>					
Name:					
Address:					
City	State				
P.O. Box	E-mail				

Emmanuel Akomaye Akpanke  
Signature of Director

EMMANUEL AKOMAYE AKPANKE  
Name of Director & Tel. No.

08057716889

Presented for filling by: \_\_\_\_\_  
Name: VICTOR OYONAKPARE Accreditation Number: NBA/IND/16151  
Address: SUITE 122, JINIFA PLAZA, ABUJA  
08033350961  
Tel. No. & E-mail: \_\_\_\_\_ Signature & Date: VO 12/11/15