

Surname	
Other Names:	
Nationality	
Residential Address	
City:	State
E-mail	Tel. No.
P.O. Box	

I consent to be a director of the above named company

Surname	
Other Names:	
Nationality	
Residential Address	
City:	State
E-mail	Tel. No.
P.O. Box	

I consent to be a director of the above named company

Surname	
Other Names:	
Nationality	
Residential Address	
City:	State
E-mail	Tel. No.
P.O. Box	

I consent to be a director of the above named company

Surname	
Other Names:	
Nationality	
Residential Address	
City:	State
E-mail	Tel. No.
P.O. Box	

I consent to be a director of the above named company

Signature _____ Date _____

1. Director include any person who occupies the position of a director by whatsoever name called. A body corporate should be represented by a natural person. This should be indicated. The name of the body corporate should be written in the space provided for surname while the name of the natural persons should be written in the space provided for other names. The nationality, residential address and signature of the natural person should be provided in the respective spaces provided.

2. 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

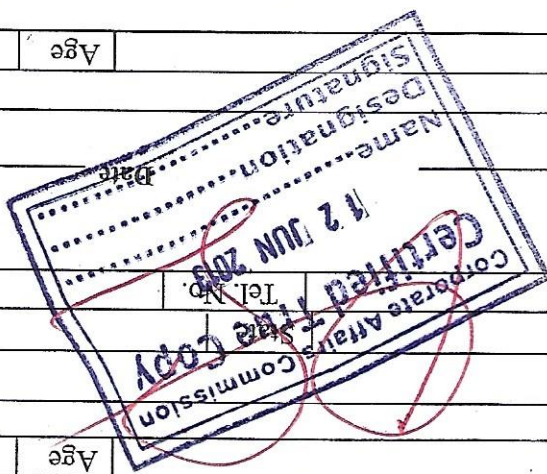
Presented for filling by:

Name: DANIEL OJO SHAYI & CO. LTD.

Accreditation Number:

25 649

Address: NO. 23 JAS STREET GARDI ABUJA



Signature of Director

Dated this

10th

day of

June

ECITE TANNA & GE JUNA

Name of Director & Tel. No. 08037869082

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

Amount to be treated as paid on each such share:

Number of shares allotted for consideration other than:

Amount paid or due payable on each share:

Nominal amount of shares so allotted:

Number of shares allotted payable in cash:

b. RETURN OF ALLOTMENT OF SHARES

DIVIDED INTO

1,000,000

AMOUNT IN WORDS

ONE MILLION NAIRA

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

A. STATEMENT OF SHARE CAPITAL

Company Name

REGITH LOGISTICS LIMITED

Company Number

Pursuant to Section 35 & 129

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

FORM CAC 2

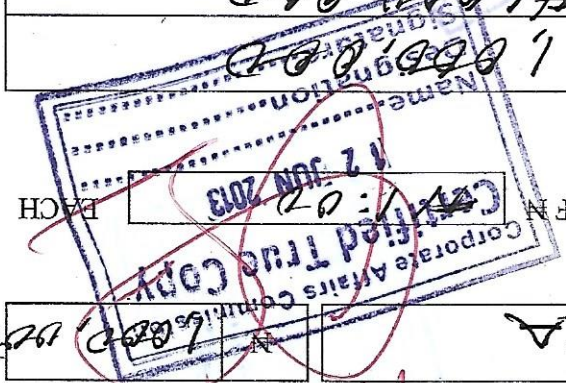


THE WITHIN INSTRUMENT IN THE
OPINION OF THE COMMISSIONER OF
STAMP DUTIES CHARGEABLE WITH A
DUTY OF
AND THE DUTY THEREON HAS BEEN
ASSESSED ACCORDINGLY
COMMISSIONER OF STAMP DUTIES

DUTY STAMPED
COMMISSIONER OF STAMP DUTIES

DATE:

27/8/12



NAME AND ADDRESS OF SHARE HOLDERS		Name	Address:	City	P.O. Box
Type of Shares	No. of Shares Allotted			State	Email

Name	Address:	City	P.O. Box	State	Email

Certified True Copy
 Corporate Affairs Commission

[illegible]

Name	Address:	City	P.O. Box
		State	Email

VERIFICATION
 APPROVED BY
 JUN 2013

Name			Address:			City	P.O. Box

Feb 1

REGINALD N. B. BILKUMT

Presented for filling by: DANIEL OTO SAAVEDRA FOR OGBUAFI & CO. Accreditation Number: 25649

Tel. No. & E-mail: 08034142624

Signature & Date:  24-05-2013

NAME AND ADDRESS OF SHARE HOLDERS

Type of Shares	No. of Shares Allotted	NAME AND ADDRESS OF SHARE HOLDERS				
		Name	Address:	City	P.O. Box	
DR/MARY	350,000	ODIBIKUMA REGINA NUNU	ATC-KIRI OKPAMA BRAS LGA			
				OKPAMA		
				State		
				Bayelsa		
				Email		
DR/MARY	350,000	EGE JUKU ECHETANA	136 ROYCE ROAD			
				State		
				IMD		
				Email		
DR/MARY	350,000	GILWA RIKUYE NUNU	RUFU ROAD ISSAM, USSA LGA			
				State		
				TARABA		
				Email		
		Name	Address:	City	P.O. Box	
		Name	Address:	City	P.O. Box	
		Name	Address:	City	P.O. Box	
		Name	Address:	City	P.O. Box	

