

# CORPORATE AFFAIRS COMMISSION



CAC/BN/1

## APPLICATION FOR REGISTRATION OF BUSINESS NAME Pursuant to Section 657

Reg. No:

A. Name of Business: LIGMUS360 ENTERPRISES

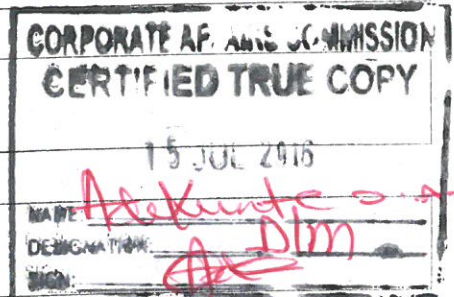
B. General Nature of Business:

EVENTS MANAGEMENT/PLANNING, MANUFACTURERS REPRESENTATIVE,  
GENERAL CONTRACTS

C. Full Address of Principal Place of Business:

6, ELEDI ROAD, SANGO-OTA, OGUN STATE

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



E. Particulars of Proprietors (other than Corporations):

1.

Name:		OKONTA FAVOUR OYINYECHUKWU	
Any Former Furname or Surname:			
Sex:	MALE	Age:	5/02/95
Tel. No.:		07068613269	
Nationality:	NIGERIAN	Any Former Nationality	
Residential Address	3, AZIKE CLOSE, BENIN CITY, EDO STATE		
City:	BENIN	State:	EDO
Occupation:	BUSINESS	E-mail:	



Signature:

Date: 28/06/ 2016

2.

Name:		UHUEGBU KOSISOCHI CHIBUIKE	
Any Former Furname or Surname:			
Sex:	MALE	Age:	13/6/95
Occupation:		BUSINESS	
Nationality:	NIGERIAN	Any Former Nationality	
Residential Address	6, ELEDI ROAD, SANGO-OTA, OGUN STATE		
City:	S SANGO OTA	State:	OGUN
P. O. Box		E-mail	
Tel. No.		07065274865	



Signature:

Date: 28/06/2016

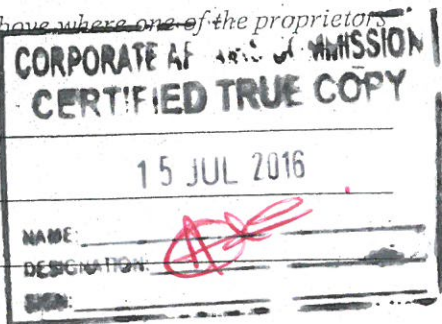
Address:

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

Name & Tel. No.:

Address:

Nature, Designation & Date:



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

Name & Tel. No.:

Address:

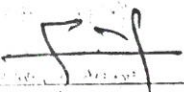
Nature, Designation & Date:

Date of Commencement of Business:

28-06-2016

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

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

Submitted for filing by:

Name: DARE ADEPOJU & CO

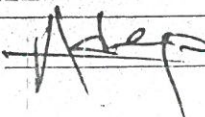
Accreditation No. (if applicable):

ICAN/FM/385

Address: 1, ARAROMI STREET, IYANA IPAJA, LAGOS STATE

No. & E-mail: 08035169797

Signature & Date:



28/6/2016