CORPORATE AFFAIRS COM (Established under the Companies and Allied Matters ACT 2950 MIRS COMMISSION



FORM CAC 1.1

APPLICATION FOR REGISTRATION OF COM

Form Must be Typed and not Handwritten \ SIGN

(Car	efully read the Notes overleaf before you fill in the Form ANIES				
Type of Company (Tick as appropriate) LIMI	TTED BY SHARES X LIMITED BY GUARANTEE UNLIMITED				
COMPANY NAME					
	BARINERO SOLUTIONS LTD				
SECTION A: Company Addr Registered Office Address and Head C	Press Office Address if different from Registered Office Address				
Registered Office Address and Head C	Office Address if different from Registered Office Address Plot 4 Ayoola street Gemade Estate,ipaja.				

SECTION B. THE AUTHORIZED SHARE CAPITAL OF THE COMPANY IS:

One million			N 1,000,000.00
	AMOU	NT IN WORDS	7
DIVIDED INTO	1,000,000	OF N 1.00	EACH
A P	Ale_	OMMISSION BABATUND	E AFOLABI,070830567
Sign	ature of Director	TIO Na	me of Director & Tel. No.
	ature of Director CORPONALE LET CA	NO 2017	
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Verifiy Electronic Stamp here: http://stampduty.gov.ng/verification

Stamp Duty Cert. No: 2017-4763-14708-07451

	dresses of Persons who	are First Direc	tors of the Company &	Their Consent to	Act
Name:	AFOLABI BABATUNDE				
Residential ddress:	PLOT 4 AYOOLA STREET GEMADE ESTATE IPAJA		*Nationality:	Nigerian	
City:	LAGOS	≑State:		*Country of Residences	NIGERIA
ID No:	AKR07303AA02	*ID Type:	Driver's License ATE	HEMAIN'S COM	Tundesnipes@gmail.com
Date of Birth:	Feb 6, 1987	*Gender:	N/A Certifi	Phone No.:	2347033050750
Signature:	Malaka		1 2 1	6 NOV 2017	INDOTH-
	I Consent to be a Director of the	above named Company	1 Mann	Res	Section Sectio
Name:	PHIMIA BARIYERI		SIGN-	INCORP	OFFICEN
Residential Address:	HC 18 ROAD 2, RU PORTHARCOURT.	MUOBIAKAN (PORTHARC	HOUSING ESTATE, OURT, RIVERS)	*Nationality:	Nigerian
City:	Portharcourt	⁴ State:	RIVERS	*Country of Residence:	NIGERIA
ID No:	BGM00101AA02	*ID Type:	Driver's License	*E-Mail:	bariyereba2007@gmail.co
Date of Birth	: May 8, 1989	*Gender:	Female	*Phone No.:	08060457168
Signature:	I Consent to be a Director of the	above named Compar	ny		
CECTION I	A DADTICTH ADS	OF SECRET	CARV (INDIVIDI)	AL)	•
THE RESERVE TO SHAPE	D: PARTICULARS ENYONG OTO-OBONG		TARY (INDIVIDUA	AL)	** *
*Name:		ITA		AL)	4
*Name: *Address:	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG	ITA BIAKANI HO	USING ESTATE.		EGD
*Name: *Address: *Phone No:	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG 08135856336	BIAKANI HO	USING ESTATE.	*Signature:	A06594594
*Name: *Address: *Phone No:	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG 08135856336	BIAKANI HO	USING ESTATE. byong_o@yahoo.com onnissi	*Signature:	A06594594
*Name: *Address: *Phone No:	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG 08135856336	BIAKANI HO E-Mail: en	USING ESTATE. byong_o@yahoo.com onnissi	*Signature:	A06594594
*Name: *Address: *Phone No: *ID Type: SECTION	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG 08135856336	BIAKANI HO E-Mail: cn	USING ESTATE. byong_o@yahoo.com on	*Signature: *ID No: PRPORATION) *BN/RC No.:	A06594594
*Name: *Address: *Phone No: *ID Type: SECTION ! *Name:	ENYONG OTO-OBONG HC 18 ROAD 2 RUMUG 08135856336	BIAKANI HO E-Mail: cn	USING ESTATE. byong_o@yahoo.com onnissi	*Signature: *ID No: PRPORATION) *BN/RC No.:	A06594594

SECTION E: Statutory Declaration of Compliance with the requirements of CAMA by a Legal Practitioner

*Name Of Deponent:	BAMIDELE OGUNDELE		
*Address:	91 Sola martins new Oko Oba Abule Egba lagos		
*Accreditation No. (If Any):	NA	*Phone No.:	07065344510

Do solemnly declare that the above proposed company has fulfilled the requirements for its registration

Declared at Mot Color On the

23rd DICIARY

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PRESENTED FOR FILLING BY:

°Name:	AFOLABI BABATUNDE		
^a Address:	plot 4 ayoola street gemade estate		
*Phone No:	2347033050750	*E-Mail:	Tundesnipes@gmail.com
*Accreditation (Where Applicable):	NOT APPLICABLE	Date:	THE STEED SOUNDS SOUND

* 18 6 NOV 2017

NAME-

INCORP OFFIC

RIFICATION OF REPRESENTATION OF THE PROPERTY O

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