

CORPORATE AFFAIRS COMMISSION

CORPORATE AFFAIRS COMMISSION
INTERNAL AUDIT UNIT
ALAUUSA
 DATE: _____
 NO: _____



CAC/BN/I

CORPORATE AFFAIRS COMMISSION
ALAUUSA OFFICE
N250:00

APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 657

Reg. No:

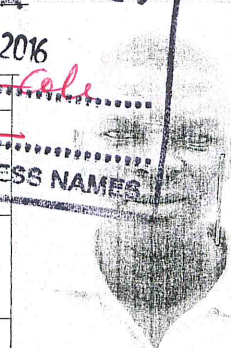
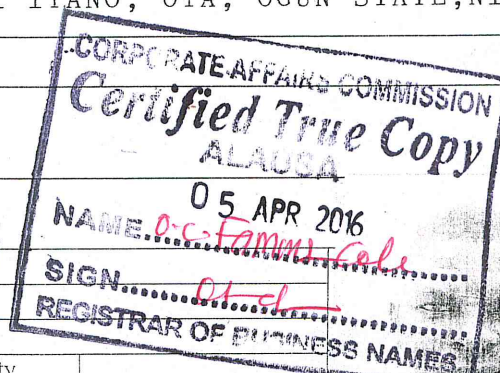
- A. Name of Business: AJOS HEPHZIBAH ENTERPRISES
- B. General Nature of Business:
SUPPLY, SALE AND DISTRIBUTION OF BUILDING MATERIALS, SUPPLY OF ELECTRONIC GADGETS, GENERAL CONTRACT.
- C. Full Address of Principal Place of Business:
9, ADEBAYO STREET, ORE META IYESI IYANO, OTA, OGUN STATE, NIGERIA.

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

- E. Particulars of Proprietors (other than Corporations):

1.

Name:		AYORINDE OMONIYI SOLOMON	
Any Former Furname or Surname:			
Sex:	MALE	Age:	05/7/72
Nationality:		NIGERIAN	
Residential Address:		9, ADEBAYO STREET, ORE META IYESI IYANO	
City:		OTA	State:
Occupation:		BUSINESS	E-mail:



Signature: _____

Date: 22/03/2016

2.

Name:		AYORINDE JANE OLUBANWO	
Any Former Furname or Surname:			
Sex:	FEMALE	Age:	23/12/76
Nationality:		NIGERIAN	
Residential Address:		9, ADEBAYO STREET, ORE META IYESI IYANO	
City:		OTA	State:
Occupation:		BUSINESS	E-mail:



Signature: _____

Date: 22/03/2016

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: _____

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: _____

G. Date of Commencement of Business:

23RD MARCH 2016

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 _____

Beofre Me

Commissioner of Oaths



Note: If there is insufficient space on the form to provide any information required, please attach a seperate sheet containing the information set out in the prescribed form

Presented for filing by:

Name: AYORINDE OMONIYI SOLOMON Accreditation No. (if applicable): _____

Address: 9, ADEBAYO STREET, ORE META IYESI IYANO, OTA, OGUN STATE.

Tel. No. & E-mail: _____ Signature & Date: 22/03/2016