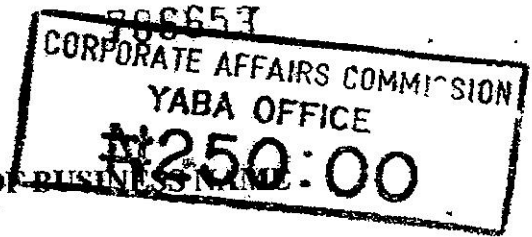


CORPORATE AFFAIRS COMMISSION



CAC/BN/I

APPLICATION FOR REGISTRATION OF BUSINESS NAME
Pursuant to Section 657



Reg. No.

A. Name of Business: 2HEADS NIGERIA ENTERPRISES

B. General Nature of Business:
SALE, SUPPLY & SERVICES OF EARTH MOVING EQUIPMENT, SPARE PARTS AND GENERAL MERCHANDISE / CONTRACT

C. Full Address of Principal Place of Business:
10, OLADEINDE STREET, AGUDA, SURULERE, LAGOS.

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

E. Particulars of Proprietors (other than corporations)

Name:		TOKUNBO OGUNWOLU	
Any Former Furname or Surname:			
Sex:	MALE	Age:	ADULT
Nationality:	Any Former Nationality		
Residential Address	10, OLADEINDE STREET, AGUDA,		
	City:	SURULERE	State: LAGOS
Occupation	BUSINESS		E-mail



Signature: Ogunwolu O. Date: 3-12-15

Name:			
Any Former Furname or Surname:			
Sex:		Age:	
Occupation:			
Nationality:	Any Former Nationality		
Residential Address			
	City:		State:
P.O. Box		E-mail	
Tel. No.			

Signature: _____ Date: _____

Corporate Name:

RC. No.

Address:

Attestation of Magistrate, 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:

1. Date of Commencement of Business:

2. 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.

Ogunwale O.

Proprietor

Proprietor

Before Me

Commissioner of Oaths

ADEMOLA AYANBADEJO & CO.

Barristers, Solicitors & Notary Public
43, Oguntona Crescent Shagada Lagos.
Tel: 080 86884735

Note: If there is insufficient space on the form to provide any information required, please attach a separate sheet of paper with the information set out in the prescribed form.

Presented for filing by:

Name: MOSES OLUSEGUN

Accreditation No. (If applicable):

Address: 21/23 BANKOLE STREET, IKEJA, LAGOS

No. & E-mail: 08180264484

Signature & Date