CORPORATE AFTAIRS COMMISSION





347775

FORM CAC 2

STATEMENT OF SHARE CAPITAL AND RETURN OF

. Pursuant to Section 35 & 129

DHLY SAAMI
Date Commissioner of Stamp

Company Number

Company Name

KAMMY

GLOBAL CONSTRUCTION

LIMITED

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION HAIRA	CORPORATE NO SAIRS COMMO NON
AMOUNT IN WORDS	VERIFICATION
1,000,000	OF N 1.00 APR 2014, VEACH
b. RETURN OF ALLOTMENT OF SHARES	NAME
Number of share allotted payable in the TRUMENT IS IN	LOOD DOD CROWNESS
Nominal amount of shared so afford a qualification will	1,000,000 ORDINARY SHAKES
Amount paid or due payable angeach stars by	H) A) 00 - 14 (H)
Number of shares allotted age age derated at the same allotted age age derated at the same allotted age age of the same age age age age of the same age age age age of the same age age age age	Cort Cort Cort
Amount to be treated as paid of each way that	
The consideration for which such shares have been allotted in	is as follows:
	498

Dated this

184h

day of

MARCH

20

14

Signature of Director

Commissioner of Stamp Dudge

OLADOJA EZRA DLANIYI 080229975

Name of Director & Tel. No.

NAME AND ADDRESS OF SHARE HOLDERS No. of Type of Shares Shares Alloted Name: OLADOJA EZRA OLAMIYI 400,000 DRDINARY 10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, Address: OJOKORD, LAGOS City LAGOS State LAGOS STATE P.O. Box exzrapap@yahoo-co-uk Email Name: OYATIYA ACOCAJO ORDINARY 300,000 10, MARTINS AJANI STREET, AHMADIYYABUS STOP Address: DJOKORO, LAGOS. City State LAGOS LAGOS STATE P.O. Box call4shaddee@yahoo-com Email Name: DLADOJA ESTHER IFEOLUMA 150,000 DRDIMARY 10, MARTINS AJANI STREET, AHMADIYIA BUS STOP Address: OJOKORO, LAGOS. City State LAGOS LAGOS STATE P.O. Box Email OLADOJA EZRA DLUWANIFEMI Name: 150,000 ORDINARY 10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, Address: OJOKORO, LAGOS. City LAGOS State LAGOS STATE P.O. Box Hlip : , ; Email. Name: Address: City State P.O. Box Email Name: Address: City State P.O. Box Email

ME AND ADDRESS O	F SHARE HOLDERS	No. of Shares Alloted	Type of Shares
Name:			18 18
Address:			
City	State	-	
P.O. Box	Email		1000
Name:	· Paraman to Section 15 ft of the control of	}	
Address:		1	
City	State		
P.O. Box	Email		-
Name:			
Address:	Con		
	State CORPORATE AND VERIF	FAIRS COM	
City	State State	CATIO	SICH
P.O. Box	Email	AR 2014	
Name:	SIGR	10/4	
Address:	The state of the s	***************************************	/
City	State		
P.O. Box	Email		
	Corporate An	frac Con	7V
Name:		MAY 2014	
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P.O. Box	Email		
E O Palous			
Signature of Director	000000	EZRA OLANIYI	
~-gament of Diffettol	Name of D	Director & Tel.	No.
Presented for filling by:			
Name: AFOLABI	MOROLAKE OLUFUNKE Accreditation Number:	IND/NBA/2	5824
	IDEKO STREET, ALEKUWODO, OSOGBO, OSUM		
	039159607 afolabimorolake@yahoo (om Signature & Date:	PARTOLON	18/3/2010
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