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

*Name Of Deponent:	OLUFUNSO OYELEYE		
*Address:	10, ESTHER IBEKWE STREET,	, OKE AFA, ISOL	O, LAGOS
"Accreditation No. (If Any):	NBA/IND/12732	*Phone No.:	08032308845
Do solemnly	declare that the above proposed company has f	fulfilled the requirement	s for its registration
	-1d.		
Declared at	On the 23 D	my or MON	20 18
	11		10.
			ndlows
	MIGH CO	UMBOROGOKSI	Deponent
		OTA	
Before Me:		Kayo Tegnitorie	
	Commissioner for Oaths/Notary Publication.		
	Date		19-79-74
•			
	Section 24 17th		
PRESENTED FOR FILLIN	GBY:		
*Name:	AGBEBI RAPH CHARONO COLOR	11.0	
-Address:	NO. 9, ADEOLA OPPETSTREET VICT	AND THE	15/1
		H-Mail: Harring	gbebi4@gmail.com
*Phone No:	08133704645 NAME: NAME:	1,-11411 in the state of the st	Resignative transmission of the second secon
*Accreditation Number	08133704645 NAME: DESIGNATION:	*Date:	22/11/2018

