

CORPORATE AFFAIRS COMMISSION



FORM CAC 2

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

Pursuant to Section 35 & 129 of the Companies Act 2002

DULY STAMPED

Date

Commissioner of Stamp Duties Ikeja

Company Number

Company Name

CINTOJON

COMPANY

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS

ONE MILLION Naira

AMOUNT IN WORDS

Sign/Date

N 1,000,000

DIVIDED INTO

1,000,000

OF N

1.00

EACH

b. RETURN OF ALLOTMENT OF SHARES

Number of shares allotted payable in cash:

OPINION OF THE COMMISSIONER OF
STAMP DUTIES CHARGE

Nominal amount of shares so allotted:

N 750,000

Amount paid or due payable on each share:

N 900,000

Number of shares allotted for consideration other than:

COMMISSIONER OF STAMP DUTIES IKEJA

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

Dated this

20th

day of

July

20

12

Signature of Director

Commissioner of Stamp Duties, Ikeja

Jeffrey Olumasegun Olorun - 08076524927

Name of Director & Tel. No.

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Alloted	Name:
Name:	JOHNSON OLUNWUSEUN OMOLUWA			500,000	Ordinary
Address:	ROUTE A, ROAD 14, OGH ESTATE				
City	OTA	State	OGUN		
P.O. Box		Email			
Name:	JOHNSON OLUNWATOSIN OMOLARA			200,000	Ordinary
Address:	ROUTE A, ROAD 14, OGH ESTATE				
City		State			
P.O. Box	OTA	Email	OGUN		
Name:	JOHNSON ERIFEOLUWA OLUNWABUKUNMI			100,000	Ordinary
Address:	ROUTE A, ROAD 14, OGH ESTATE				
City	OTA	State	OGUN		
P.O. Box		Email			
Name:	JOHNSON ANJOLADUWA OLUNWAGBEMIGA			100,000	Ordinary
Address:	ROUTE A, ROAD 14, OGH ESTATE				
City	OTA	State	OGUN		
P.O. Box		Email			
Name:					
Address:					
City		State			
P.O. Box		Email			
Name:					
Address:					
City		State			
P.O. Box		Email			

AND ADDRESS OF SHARE HOLDERS

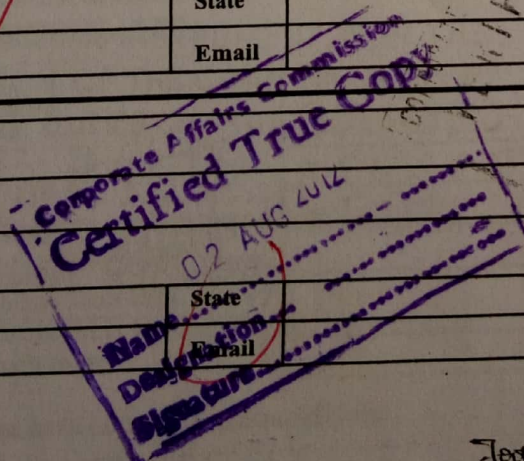
Name:				No. of Shares Alloted	Type of Shares
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			



[Handwritten Signature]

Signature of Director

[Handwritten Name and Tel. No.]

Name of Director & Tel. No.

Presented for filling by:

Name: ISREAL C. NWAGBO

Accreditation Number: ICAN/IND/616

Address: 8 HERBERT MACAULAY STR. LAGOS

Tel. No. & E-mail: _____

Signature & Date: 26/7/12