

# CORPORATE AFFAIRS COMMISSION



347775

FORM CAC 2

## STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT Pursuant to Section 35 & 129

In the Opinion of the Comm  
the Instrument Contained  
**DULY STAMP**

Company Number

Date

Commissioner of Stamp

Company Name

KAMMY GLOBAL CONSTRUCTION LIMITED

### A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION NAIRA

AMOUNT IN WORDS

DIVIDED INTO

1,000,000

OF N

CORPORATE AFFAIRS COMMISSION	
<b>VERIFICATION</b>	
APPROVED BY	
1.00	APR 2014
NAME.....	
SIGN.....	

EACH

### b. RETURN OF ALLOTMENT OF SHARES

Number of share allotted payable in cash

Nominal amount of shares so allotted

Amount paid or due payable on each share

Number of shares allotted

Amount to be treated as paid on each share

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

1,000,000 ORDINARY SHARES

1,000,000

1.00 EACH

Dated this

18th

day of

MARCH

20

14

Signature of Director

**CHECKED**  
Commissioner of Stamp Duty

OLADOJA EZRA OLANIKI 080229975

Name of Director & Tel. No.



NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Alloted	Type of Shares
Name:	OLADOJA EZRA OLANIYI			400,000	ORDINARY
Address:	10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, OJOKORO, LAGOS				
City	LAGOS	State	LAGOS STATE		
P.O. Box		Email	exzrapap@yahoo-co-uk		

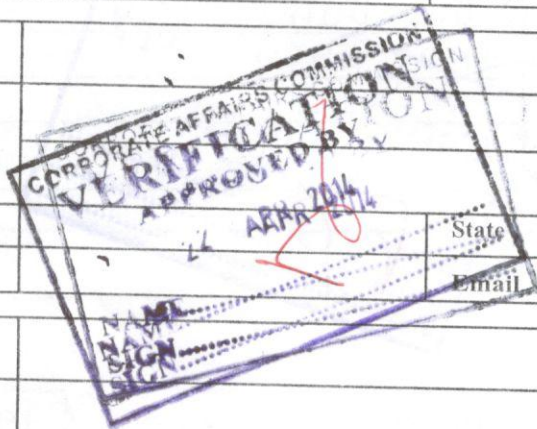
Name:	OLADOJA FOLASHADE EYITAYO			300,000	ORDINARY
Address:	10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, OJOKORO, LAGOS				
City	LAGOS	State	LAGOS STATE		
P.O. Box		Email	call4shaddee@yahoo-com		

Name:	OLADOJA ESTHER IFEOLUWA			150,000	ORDINARY
Address:	10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, OJOKORO, LAGOS				
City	LAGOS	State	LAGOS STATE		
P.O. Box		Email			

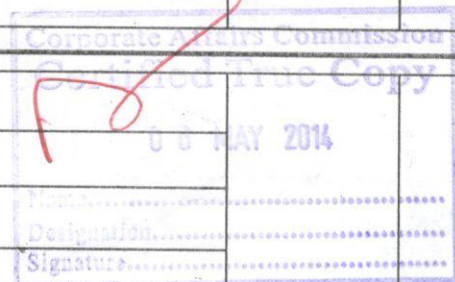
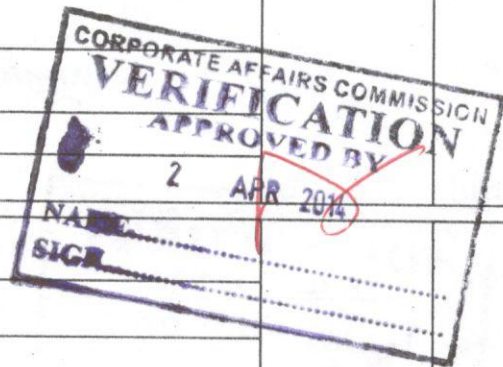
Name:	OLADOJA EZRA OLUWANIFE MI			150,000	ORDINARY
Address:	10, MARTINS AJANI STREET, AHMADIYYA BUS STOP, OJOKORO, LAGOS				
City	LAGOS	State	LAGOS STATE		
P.O. Box		Email			

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

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



NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Alloted	Type of Shares
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				
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				



*[Signature]*  
Signature of Director

OLADUJA EZRA OLANIYI 08022997523  
Name of Director & Tel. No.

Presented for filling by: \_\_\_\_\_  
 Name: AFOLABI MOROLAKE OLUFUNKE Accreditation Number: IND/NBA/25824  
 Address: 14, AKINDEKO STREET, ALEKUWODO, OSOGBO, OSUN STATE.  
 Tel. No. & E-mail: 08039159607 afolabimorolake@yahoo.com Signature & Date: PAAT<sup>olebi</sup> 18/3/2014