

Address:

Attestation of Margistrate, 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:

G. Date of Commencement of Business:

23RD MARCH 2016

F. 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.

Proprietor

Beofre Me

Commissioner of Oaths



Note: If there is insufficient space on the form to provide any information required, please attach a seperate sheet containing the information set out in the prescribed form

Presented for filing by:

Name: AYORINDE OMONIYI SOLOMON

Accreditation No. (if applicable):

Address: 9, ADEBAYO STREET, ORE META IYESI IYANO, OTA, OGUN STATE.

Tel. No. & E-mail:

Signature & Date:

22/03/2016