

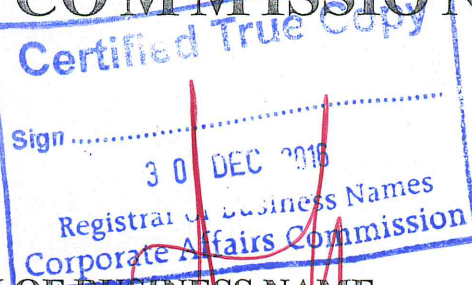
CORPORATE AFFAIRS COMMISSION



CAC/BN/ 1

APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 657



BN: No

(A) Name of business: **BENGRACCE INTEGRATED SERVICES**

(B) General nature of business:

SUPPLY, SALE AND DISTRIBUTION OF BUILDING MATERIALS

GENERAL CONTRACTS

(C) Full address of Principal Place of Business:

NO 5, COVENANT CLOSE, OJU-ORE, OTA, OGUN STATE.

(D) Full address of Branch(es) (if any):

(E) Particulars of the Partners (other than Corporations)

i	Name	AJETUNMOBI FOLAYEMI BENSON		Sex	MALE
	Residential Address	NO 5, COVENANT CLOSE, OJU-ORE, OTA, OGUN STATE.			
	Occupation	BUSINESS	E-Mail		
	Nationality	NIGERIAN	Any former Nationality	NIL	Date of Birth ADULT



Signature: B. F. Benson

Date: 25/07/16

ii	Name			Sex	SELECT
	Residential Address				
	Occupation		E-Mail		
	Nationality		Any former Nationality		Date of Birth

Passport photograph

Signature: _____

Date: _____

Attestation of Magistrate, 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: _____

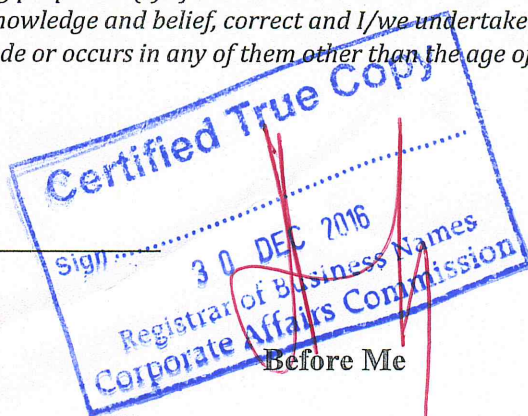
(G). Date of Commencement of the business:

(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 in made or occurs in any of them other than the age of any of the proprietors.

Proprietor

Proprietor



Commissioner of Oaths

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

Presented for filing by:

Name: Olusola Adcosun Accreditation No.(If applicable) NBA/INA/19458

Address: 14 Raku Plaza Nairobi Street near U, Ngara

Tel. No. & Email: 08035952517 Sign & Date: [Signature]