

# CORPORATE AFFAIRS COMMISSION



CAC/BN/1

## APPLICATION FOR REGISTRATION OF BUSINESS NAME Pursuant to Section 657



Reg. No:

A. Name of Business: **GRACEBYGRACE GLOBAL ENTERPRISES**

B. General Nature of Business:

**SALES AND SUPPLIES OF GENERAL GOODS AND SERVICES  
GENERAL MERCHANDISE/ CONTRACT**

C. Full Address of Principal Place of Business:

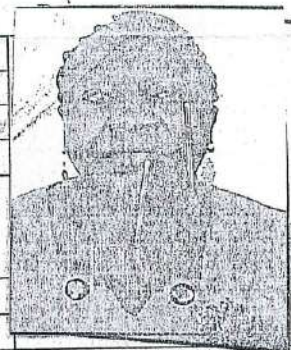
**NO.37, ALHAJI MOLI KI STREET IJEGEMO ROAD, IJEGUN LAGOS**

D. Full Address of Branch(es) (if any):

E. Particulars of Proprietors (other than Corporations):

1.

Name:	<b>MRS. GRACE RANTI COLE</b>		
Any Former Furname or Surname:			
Sex:	<b>FEMALE</b>	Age:	<b>25/10/71</b>
Nationality:	<b>NIGERIAN</b>	Tel. No.:	
Residential Address:	<b>1/2 COLE STREET, JANKARA IJAIYE-OJOKORO</b>		
City:	<b>LAGOS</b>	State:	<b>LAGOS</b>
Occupation:	<b>BUSINESS</b>	E-mail:	



Signature: GRACE

Date: **11/8/2017**

2.

Name:	<b>JOHN OLUDAMILOLA COLE</b>		
Any Former Furname or Surname:			
Sex:	<b>MALE</b>	Age:	<b>11/10/92</b>
Nationality:	<b>NIGERIAN</b>	Occupation:	<b>BUSINESS</b>
Residential Address:	<b>1/2 COLE STREET, JANKARA IJAIYE-OJOKORO</b>		
City:	<b>LAGOS</b>	State:	<b>LAGOS</b>
P. O. Box:		E-mail:	
Tel. No.:			



Signature: JOHN

Date: **11/8/2017**

*450,000 payable*



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:

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.

G. Cole  
Proprietor



F. Cole  
Proprietor

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: AJIMAJASAN TAIWO

Accreditation No. (if applicable):

Address: 11, LOVE- ALL STREET, OLOGUNERU IBADAN

Tel. No. & E-mail: 08067974126

Signature & Date: 11/8/2017