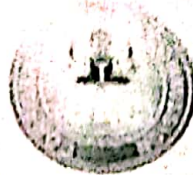


CORPORATE AFFAIRS COMMISSION



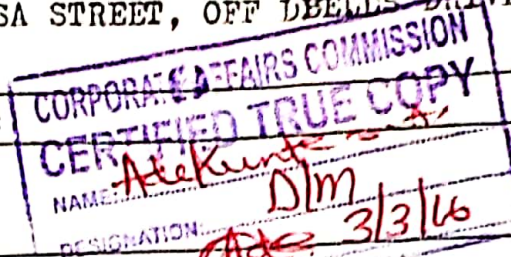
803833

CAC/BN/I

APPLICATION FOR REGISTRATION OF BUSINESS NAME Pursuant to Section 657

Reg. No.

- A. Name of Business: GIDIVISION NIG. ENT
- B. General Nature of Business:
GENERAL CONTRACTS, GENERAL MERCHANDISE
- C. Full Address of Principal Place of Business:
NO.1, RACHAEL ADISA STREET, OFF BELLS DRIVE OTA, OGUN STATE
- D. Full Address of Branch(es) (if any):
- E. Particulars of Proprietors (other than corporations):



1. Name:		ADENIYI OLUWAJUWON GIDEON			
Any Former Furname or Surname:					
Sex:	M	Age:	02/6/1977	Tel. No.	08023744920
Nationality:	NIGERIAN		Any Former Nationality		
Residential Address	NO.1, RACHAEL ADISA STREET, OFF BELLS DRIVE				
	City:	OTA	State:	OGUN	
Occupation	BUSINESSMAN		E-mail		

Signature: GIDEON

Date: 8/2/2016

2. Name:					
Any Former Furname or Surname:					
Sex:		Age:		Occupation:	
Nationality:			Any Former Nation		
Residential Address					
	City:		State:		
P.O. Box		E-mail		Tel. No.	

Signature: _____

Date: _____

Corporate Name:

[Redacted]

RC. No.

[Redacted]

Address:

[Redacted]

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:

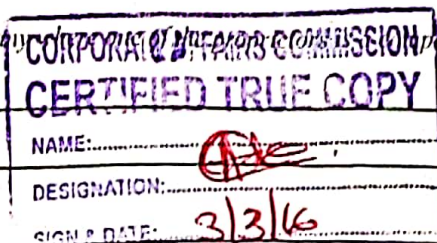
Signature, Designation & Date:

Attestation of Director or Secretary of the Company/Proprietor of the company:

Name & Tel. No.

Address:

Signature, Designation & Date:



G. Date of Commencement of Business:

8/2/2016

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.

GIDEON

Proprietor

Proprietor

Before Me

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: JOHNSON VICTOR

Accreditation No. (If applicable):

Address: 8, BISIRIYU STREET, OTTA, OGUN STATE

Tel. No. & E-mail: 08169400585

Signature & Date

8/2, 2016

BN 2392746



CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA

Certificate Of Registration Of Business Name

COMPANIES AND ALLIED MATTERS ACT 1990
Pursuant to Section 659

I hereby certify that

GIDIVISION NIG ENT

is registered as a Business Name with the Commission

The general nature of business is:
GENERAL CONTRACTS, GENERAL MERCHANDISE

The address of the principal place of business is:
NO 1, RACHEAL ADISA STREET, OFF BEELS DRIVE, OTA, OGUN

Dated this 12th day of February, 2016.

BELLO MAHMUD



CRBN 564129

Registrar of Business Names