

CORPORATE AFFAIRS COMMISSION



FORM CAC 7

238574

Corporate Affairs Commission Abuja
TREASURY UNIT
Solely for VERIFICATION
Signature

PARTICULARS OF PERSONS WHO ARE FIRST DIRECTORS OF THE COMPANY

Pursuant to Section 35

Company Number

Company Name

AKOSHA ASSHUR NIG LTD

PARTICULARS OF DIRECTORS

1.

Surname	AKPANKE			Age	ADULT
Other Names:	EMMANUEL AKOMAYE				
Nationality	NIGERIAN				
Residential Address	Plot 1 AFTER OLD TRANSFORMER, SOKALE DUTSE, ALHAJI, FCT				
City:	ABUJA	CERTIFICATE	18 JAN 2015	08037716889	
P.O. Box	E-mail				

I consent to be a director of the above named company

Signature

NAME

SIGN

Date

17/10/2014

2.

Surname	AKPANKE			Age	ADULT
Other Names:	MONICA UGOMOLIGIE				
Nationality	NIGERIAN				
Residential Address	WINNERS CHAPEL CANAANLAND RING 10 IDI-IROKO ROAD, OTA				
City:	LAGOS	State:	LAGOS		
P.O. Box	E-mail	Tel. No.	07033458090		

I consent to be a director of the above named company

Signature



Date

17/10/2014

3.

Surname	AKPANKE			Age	ADULT
Other Names:	ROSE UGBE				
Nationality	NIGERIAN				
Residential Address	NO.4, INYONG AGBOR CLOSE, IKOT ANSA,				
City:	ANSA	State:	CALABAR		
P.O. Box	E-mail	Tel. No.	08074774067		

I consent to be a director of the above named company

Signature

Date

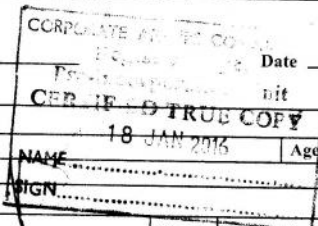
17/10/2014

9.

Surname			
Other Names:		Age	
Nationality			
Residential Address			
City:		State:	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____



10.

Surname			
Other Names:		Age	
Nationality			
Residential Address			
City:		State:	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

11.

Surname			
Other Names:		Age	
Nationality			
Residential Address			
City:		State:	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

12.

Surname			
Other Names:		Age	
Nationality			
Residential Address			
City:		State:	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

Note:

1. Directors include any person who occupies the position of a director by whatsoever name called. A body corporate should be represented by a natural person. This should be indicated. The name of the body corporate should in the space provided for surname while the name of the natural person, should be written in the space provided for other names. The nationality, address and signature of the natural person should be provided in the respective spaces provide.
2. 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: VICTOR OYONAKPARE Accreditation Number: NBA/IND/16151
 Address: SUITE 122, JINIFA PLAZA, ABUJA
 Tel. No. & E-mail: 08033350961 Signature & Date: [Signature] 12/11/15

