

CORPORATE AFFAIRS COMMISSION



324702

FORM CAC 7

PARTICULARS OF PERSONS WHO ARE FIRST DIRECTORS OF THE COMPANY

Pursuant to Section 35

Corporate Affairs Commission
TREASURY UNIT
SHAREABLE STOCK VERIFICATION
Receipt No.
Sign

Company Number

Company Name

METRIK BUILD CONTRACTING LIMITED

PARTICULARS OF DIRECTORS

1.

Surname	SHEKONI		
Other Names:	KEHINDE OLUWASEUN	Age	ADULT
Nationality	NIGERIAN		
Residential Address	4 OPERE STREET SHOMOLU		
	City: LAGOS	State:	LAGOS
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company.

Signature

[Signature]

Date

5TH APRIL 2015

2.

Surname	LAWAL		
Other Names:	ADEBIMPE HAIRAT	Age	ADULT
Nationality	NIGERIAN		
Residential Address	4 OPERE STREET SHOMOLU		
	City: LAGOS	State:	LAGOS
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company.

Signature

[Signature]

Date

5/04/2015

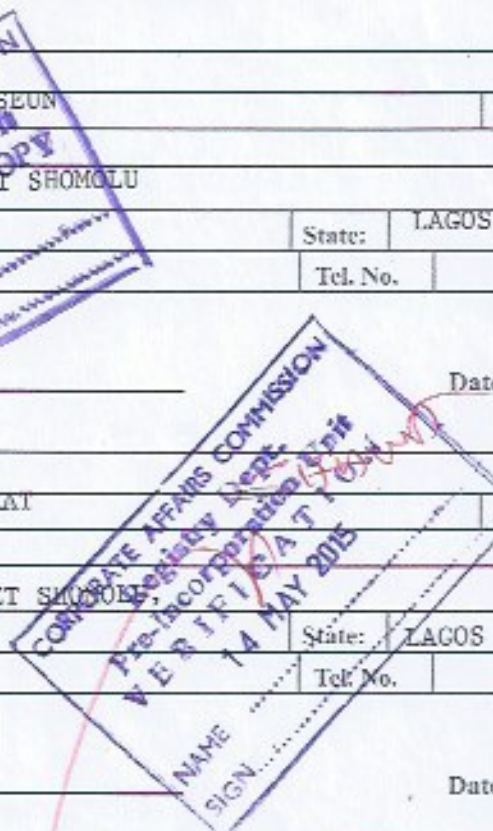
3.

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



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

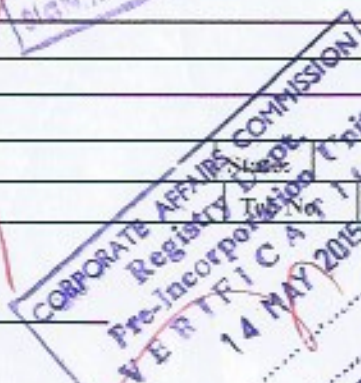
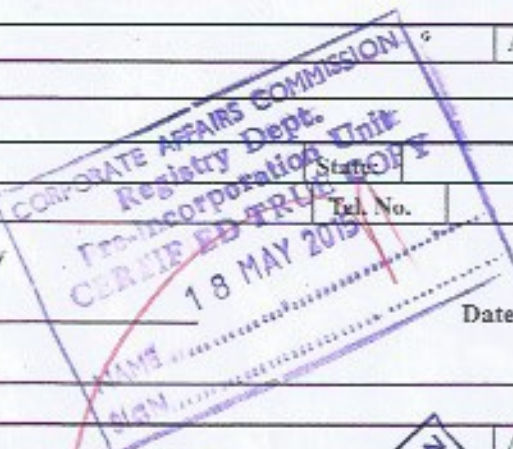
Signature _____

Date _____

Note:

- 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.
- 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: Abdullahi ShalewAccreditation Number: 0Ae/INR/NBA/20278Address: No. 29, F-H-A, Lugbe, AbujaTel. No. & E-mail: 08037417867Signature & Date: Shalew 13/5/15

CORPORATE AFFAIRS COMMISSION



FORM CAC 2

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT
Pursuant to Section 35 & 129

324702
THE WITHIN INSTRUMENT IN
OPINION OF THE COMMISSIONER OF
STAMP DUTIES CHARGEABLE WITH A
DUTY OF NTD
AND THE DUTY THEREON HAS BEEN
ASSESSED ACCORDINGLY
COMMISSIONER OF STAMP DUTIES

DULY STAMPED

COMMISSIONER OF STAMP DUTIES

DATE: 6/5/15

Company Number

Company Name

METRIK BUILD CONTRACTING LIMITED

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION

≡ 1,000,000

AMOUNT IN WORDS

DIVIDED INTO

1,000,000

EACH

b. RETURN OF ALLOTMENT OF SHARES

Number of share allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due payable on each share:

Number of share allotted for consideration other than:

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

Dated this

5TH

day of

8 APRIL

20

15

Signature of Director

Name of Director & Tel. No.

CORPORATE AFFAIRS COMMISSION
Registry Dept.
Pre-Incorporation Unit
VERIFICATION
14 MAY 2015

CORPORATE AFFAIRS COMMISSION
Registry Dept.
Pre-Incorporation Unit
TRUE COPY

SARASWATI K. D. DAS

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Allotted	Type of Shares
Name:	SHEKONI KEHINDE OLUWASEUNN			900,000	ORDINARY
Address:	4, OPERE STREET, SHOMOLUU				
City	LAGOS	State	LAGOS		
P.O. Box		E-mail			
Name:	LAWAL ADEBIMPE HAIRAT			100,000	ORDINARY
Address:	4, OPERE STREET, SHOMOLUU,				
City	LAGOS	State	LAGOS		
P.O. Box		E-mail	adebimpeh Lawal @ gmail . com		
Name:					
Address:					
City		State			
P.O. Box		E-mail			
Name:					
Address:					
City		State			
P.O. Box		E-mail			
Name:					
Address:					
City		State			
P.O. Box		E-mail			
Name:					
Address:					
City		State			
P.O. Box		E-mail			
Name:					
Address:					
City		State			
P.O. Box		E-mail			

CORPORATE AFFAIRS COMMISSION
Registry Dept.
Pre-Incorporation Unit
VERIFICATION
14 MAY 2015

CORPORATE AFFAIRS COMMISSION
Registry Dept.
Pre-Incorporation Unit
CERTIFIED TRUE COPY
18 MAY 2015

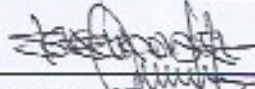
NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Allotted	Type of Shares
Name:	SHEKON KEHINDE OLUWASEUN			900,000	ORDINARY
Address:	4 OPERE STREET, SHOMOLU,				
City	LAGOS	State	LAGOS		
P.O. Box		E-mail			

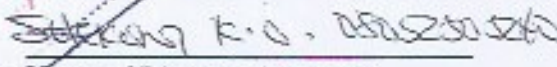
Name:	LAWAL ADEBIMPE HAIRAT			100,000	ORDINARY
Address:	4, OPERE STREET, SHOMOLU,				
City	LAGOS	State	LAGOS		
P.O. Box		E-mail	adebimpeh-lawal@gmail.com		

Name:					
Address:					
City		State			
P.O. Box		E-mail			

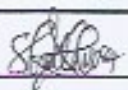
Name:					
Address:					
City		State			
P.O. Box		E-mail			

Name:					
Address:					
City		State			
P.O. Box		E-mail			


Signature of Director


Name of Director & Tel. No.

Presented for filling by:

Name: Abdullahi Shalewa Amurat Accreditation Number: CA/INB/INBA/30278
Address: NL-22, F.H.A, Lugbe, Abuja
Tel. No. & E-mail: 08037417567 Signature & Date:  12/5/15