

CORPORATE AFFAIRS COMMISSION

CAC/BN/1

APPLICATION FOR REGISTRATION OF BUSINESS NAME*Pursuant to Section 675***A. NAME OF BUSINESS****G-LUPER TECHNOLOGIES****B. GENERAL NATURE OF BUSINESS****1****SOFTWARE DEVELOPMENT, ICT CONSULTANCY AND TRAINING****C. FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS****U50 POST OFFICE ROAD SABO TASHA, KADUNA, (KADUNA, KADUNA)****D. FULL ADDRESS OF BRANCH(ES) IF ANY****E. PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):****1**

SURNAME: ADE			
OTHER NAMES: CHARLES LUPER		AGE: 37 years	
CONTACT ADDRESS: U50 Post office Road Sabo Tasha, Kaduna, Kaduna State.			
CITY: KADUNA	STATE: KADUNA	P.O BOX:	
PHONE NUMBER: +2348033840903		EMAIL: soulmateinvestment7@gmail.com	

Signature:**Date:****F. PARTICULARS OF CORPORATION WHICH IS A PROPRIETOR:**

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
BUSINESS:**

Date: Feb 22, 2020

H. 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.

PROPRIETOR

**BEFORE
ME**

PROPRIETOR

COMMISSIONER FOR 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: CHARLES LUPER ADE	ACCREDITATION NO. N/A (if applicable)
ADDRESS: U50 Post office Road Sabon Tasha, Kaduna, (Kaduna, KADUNA)	
TEL. NO.: +2348033840903	E-MAIL: soulmateinvestment7@gmail.com