

CORPORATE AFFAIRS COMMISSION



CAC/BN/1

APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 657

Reg. No:

A. Name of Business:

B. General Nature of Business:

C. Full Address of Principal Place of Business:

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

E. Particulars of Proprietors (other than Corporations):

1.

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

Signature: _____

Date: _____

2.

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

Signature: _____

Date: _____

3.

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

Signature: _____

Date: _____

4.

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

Signature: _____

Date: _____

5.

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

Signature: _____

Date: _____

6.

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

Signature: _____

Date: _____

F. Particulars of Corporation which is a Proprietor:

Corporate Name:

RC. No.:

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.

Proprietor

Proprietor

Beofre Me

Commissioner of Oaths

Note: If there is insufficient space on the form to provide any information required, please attach a seperate sheet containing the information set out in the prescribed form

Presented for filing by:

Name: _____ Accreditation No. (if applicable): _____

Address: _____

Tel. No. & E-mail: _____ Signature & Date: _____