CORPORATE AFFAIRS COMMISSION



CAC/BN/1

APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 657

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eneral Nat	ure of Bi	ucinoce.						
		u5111C55.						
ull Address	of Prin	cipal Place o	of Business:					
ull Address	of Bran	nch(es) (if an						
			·					
artculars of	f Proprie	etors (other	than Corporation	ons):				
	1							
Name: Any Former I	7	Cumpon of	<u> </u>					_
Sex:	rumaine (1 1	Tel. No	<u></u>				_
Nationality:		Age:	Any Former		ty			_
Residential			Ally Former	Nationali	.y	<u> </u>		-
Address								
1001033								
1001005								-
1001035	City:			State:				
	City:			State: E-mail:				_
Occupation:				E-mail:			Date:	-
Occupation: ignature:				E-mail:			Date: _	
Occupation: ignature: Name:				E-mail:			Date: _	-
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Occupation: ignature: Name: Any Former I Sex: Nationality: Residential		or Surname:	Occupation	E-mail:			Date: _	-
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Occupation: ignature: Name: Any Former I Sex: Nationality: Residential	Furname of Age	or Surname:	Occupation	E-mail:			Date: _	
Occupation:		or Surname:	Occupation	E-mail:			Date: _	

Signature: ____

3.

4.

Name:												
Any F	ormer F	urname c	or Surnan	ne:								
Sex:			Age:			Tel. No.:	:					
Nation	ality:				Any	Former N	lational	ity				
Reside												
Addres	SS											
		City:					State					
Occup	ation:]	E-mail					

Signature: _____

Date: _____

Name:									
Any Form	Any Former Furname or Surname:								
Sex:		Age	:	Occupation:					
Nationali	ty:		•	Any Former N	Any Former Nationality				
Residenti Address	al					·			
		City:			State:				
P. O.			E-mail			Tel.			
Box						No.			

Signature: _____

5.

6.

Name:										
Any Former F	urname c	or Surnam	e:							
Sex:		Age:		Tel. No.	.:					
Nationality:			A	Any Former Nationality						
Residential Address						·				
	City:				State:					
Occupation:					E-mail:					

Signature: _____

Date: _____

Date: _____

Name	•								
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Sex:			Age:			Tel. No.:			
Natior	nality:		Any Former Nationality						
Reside	Residential								
Addre	ess								
		City:				Sta	ite:		
Occup	pation:					E-ma	ail:		

Signature: _____

Date: _____

F. Partculars of Corporation which is a Proprietor:

Corporate Name:

RC. No.:

Attestation of Margistrate, Legal Practitoner 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:

G. **Date of Commencement of Business:**

Signature, Designation & Date: _____

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 separate 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: _____