# **CORPORATE AFFAIRS COMMISSION**

(Established under the Companies and Allied Matters Act 1990)



### FORM CAC 1.1

## APPLICATION FOR REGISTRATION OF COMPANY

Form Must be typed and not Handwritten

(Carefully read the Notes overleaf before you fill in the Form)

| Type of Company (Tick as appropria                              | LIMITED BY SHARES            | LIMITE         | D BY GUARANTE               | EE      | UNLIMITED     |     |
|---|------------------------------|----------------|-----------------------------|---------|---------------|-----|
| COMPANY NAME  |                              |                |                             |         |               |     |
|   |                              |                |                             |         |               |     |
| SECTION A: COMPAN   | IY ADDRESS                   |                |                             |         |               |     |
| Registered Office A   | ddress and Head Office Add   | dress if diffe | erent from Reg              | istered | Office Addres | SS  |
| Registered Office Address                                       | :                            |                |                             |         |               |     |
| Head Office Address:  If different from Registered Office Addre | ss)                          |                |                             |         |               |     |
| Email Address:  |                              |                |                             |         |               |     |
| SECTION B: THE AUT  | THORIZED SHARE CAPI          | TAL OF T       | HE COMPAN                   | NY IS:  |               |     |
|   |                              |                |                             | N       |               |     |
|   | AMOUNT IN V                  | VORDS          |                             | II      |               |     |
| DIVIDED INTO  |                              | of N           | 4                           |         | EA            | ACH |
|   |                              |                |                             |         |               |     |
| ignature of Director  |                              |                | Name of Director & Tel. No. |         |               |     |
| ECTION C: PARTICU   | JLARS OF FIRST DIREC         | TORS & T       | HEIR CONS                   | ENT TO  | ОАСТ          |     |
|   | dresses of Persons who are F |                |                             |         |               | Act |
| Name:   |                              |                |                             |         |               |     |
| Address:  |                              |                | Nationality:                |         |               |     |
| City  | State:                       |                | Country of Residence        |         |               |     |
| ID No.  | ID. Type                     |                | Email:                      |         |               |     |
| Date of Birth:  | Gender                       |                | Phone No.                   |         |               |     |
| Signature:  |                              |                | Date: _                     |         |               |     |

I Consent to be a Director of the above named Company

| Name: Address: City State: Country of Residence II No. ID. Type Email: Date of Birth:  Country of Residence Email: Date:    Date of Birth:   Date of Birth:   Date:  | 2.           | ,  |                     |                  |                  |             |
|--|--------------|--|---------------------|------------------|------------------|-------------|
| Address:  City State: City State: Country of Residence Date of Birth:  Date of Birth:  Consent to be a Director of the above named Company  4.  Name: Address: Name: Address: Date: I Consent to be a Director of the above named Company  4.  Name: Address: Date: I Country of Residence Res |              |  |                     |                  |                  |             |
| City   State:   Country of Residence    ID No.   ID. Type   Email:    Date of Birth:   Gender   Phone No.    Signature:   Date:      I Consent to be a Director of the above named Company    3.   Name:   Address:   Nationality:    City   State:   Country of Residence    ID No.   ID. Type   Email:    Date:   Date:      Date:      Country of Residence    ID No.   Date:      I Consent to be a Director of the above named Company    4.   Nationality:    City   State:   Country of Residence    ID No.   Date:      ID No.   ID. Type   Email:    Date:      City   State:   Country of Residence    ID No.   ID. Type   Email:    Date of Birth:   Gender   Phone No.    Signature:   Date:      Signature:   Date:      I Consent to be a Director of the above named Company    Signature:   Date:      Signature:   ID No.   Date:      Signature:   Date:      Signature:   Date:      Signature:   ID No.      Signature:   Date:      Signature:   ID No.       |              |  |                     |                  | Netion           | -124        |
| Residence   Email:   |              |  |                     |                  | +                |             |
| Date of Birth:    Date   Date  | City         |  | State:              |                  | Countr<br>Reside | y of<br>nce |
| Signature:    I Consent to be a Director of the above named Company   3.   Name:   | ID No.       |  | ID. Type            |                  | Email:           |             |
| 3.  Name:  Address:  City State:  Country of Residence ID No.  Date of Birth:  Gender  Date:  I Consent to be a Director of the above named Company  4.  Name:  Address:  Nationality:  Date:  I Consent to be a Director of the above named Company  4.  Name:  Address:  Nationality:  City State:  Country of Residence ID No.  ID. Type ID No.  ID. Type ID No.  ID. Type ID No.  Date:  Country of Residence ID No.  ID. Type ID No.  Date:  I Consent to be a Director of the above named Company  Signature:  I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  BN/RC No: Phone No.  Email:  Signature:  ID Type:  BN/RC No: Phone No.  Email:  Signature:  BN/RC No:   | Date of Birt | h:                                       | Gender              |                  | Phone            | No.         |
| 3.  Name:  Address:  City State:  Country of Residence ID No.  Date of Birth:  Gender  Date:  I Consent to be a Director of the above named Company  4.  Name:  Address:  Nationality:  Date:  I Consent to be a Director of the above named Company  4.  Name:  Address:  Nationality:  City State:  Country of Residence ID No.  ID. Type ID No.  ID. Type ID No.  ID. Type ID No.  Date:  Country of Residence ID No.  ID. Type ID No.  Date:  I Consent to be a Director of the above named Company  Signature:  I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  BN/RC No: Phone No.  Email:  Signature:  ID Type:  BN/RC No: Phone No.  Email:  Signature:  BN/RC No:   |              |  |                     |                  | •                |             |
| Name:  Address:  City  State:  Country of Residence  ID No.  ID. Type  Email:  Date of Birth:  Gender  Date:  I Consent to be a Director of the above named Company  4.  Name:  Address:  City  State:  Country of Residence  ID No.  ID. Type  ID No.  ID. Type  Email:  Country of Residence  ID No.  ID. Type  Email:  Date:  I Consent to be a Director of the above named Company  Date:  I Consent to be a Director of the above named Company  Signature:  I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  Address:  Phone No.  Email:  Signature:  ID Type:  ID No:  SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  Name:  BN/RC No:  Phone No.  Email:  Signature:  | Signature:   | Consent to be a Director of t            | the above named Con | npany            |                  | Date:       |
| Address:  City State: City State: Country of Residence ID No. ID. Type Email: Date of Birth: Gender  Date:  I Consent to be a Director of the above named Company 4.  Name: Address: City State: City State: Country of Residence ID No. ID. Type Email: Date: Date: Date:  Country of Residence ID No. ID. Type Email: Date of Birth: Gender  Date:  Signature: I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name: Date:  Signature: ID Type: ID No: Signature: ID Type: ID No: Signature: BN/RC No: Phone No. Email: Signature:   |              |  |                     |                  |                  |             |
| City   State:   Country of Residence    ID No.   ID. Type   Email:    Date of Birth:   Gender   Phone No.    Signature:   Date:   Date:    I Consent to be a Director of the above named Company    4.   Name:   Address:   Nationality:    City   State:   Country of Residence    ID No.   ID. Type   Email:    Date of Birth:   Gender   Phone No.    Signature:   Date:    I Consent to be a Director of the above named Company    SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)    Name:   Address:    Phone No.   Email:   Signature:    ID Type:   ID No:    SECTION DI: PARTICULARS OF SECRETARY (FIRM/CORPORATION)    Name:   BN/RC No:    Phone No.   Email:   Signature:    BN/RC No:    Phone No.   Email:   Signature:  | Name:        |  |                     |                  |                  |             |
| ID No.   ID. Type   Email:   | Address:     |  |                     |                  | Nation           | ality:      |
| Date of Birth:    Gender   | City         |  | State:              |                  | Countr<br>Reside | y of<br>nce |
| Signature:    I Consent to be a Director of the above named Company  | ID No.       |  | ID. Type            |                  | Email:           |             |
| A.  Name:  Address:  City  State:  Country of Residence  ID No.  ID. Type  Email:  Date of Birth:  Gender  Date:  I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  Phone No.  Email:  Signature:  ID Type:  Boycont to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  Boycont to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Signature:  Boycont to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  SECTION D: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  SECTION D: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  SECTION D: Signature:  Signature:  Signature:  Signature:   | Date of Birt | h:                                       | Gender              |                  | Phone            | No.         |
| Name:         Address:         Nationality:           City         State:         Country of Residence           ID No.         ID. Type         Email:           Date of Birth:         Gender         Phone No.    Signature:    T Consent to be a Director of the above named Company   | Signature:   | Consent to be a Director of              | the above named Co  | mpany            | D                | Date:       |
| Address:  City State: Country of Residence  ID No. ID. Type Email:  Date of Birth: Gender Phone No.  Signature: Date: Date: Date: Date: I Consent to be a Director of the above named Company  SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name: Signature: ID Type: ID No:  SECTION DI: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  Name: BN/RC No: Phone No. Email: Signature: Signature |              |  |                     |                  |                  |             |
| City State: Country of Residence  ID No. ID. Type Email:  Date of Birth: Gender Phone No.  Signature: Date:  |              |  |                     |                  |                  |             |
| ID No.   ID. Type   Email:   | Address:     |  |                     |                  |                  | -           |
| Date of Birth:    Gender   | City         |  | State:              |                  | Countr<br>Reside | y of<br>nce |
| Signature:   | ID No.       |  | ID. Type            |                  | Email:           |             |
| SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)  Name:  Address:  Phone No.   | Date of Birt | h:                                       | Gender              |                  | Phone            | No.         |
| Name:  Address:  Phone No.   | 1            |  |                     |                  |                  | Date:       |
| Phone No.   Email:   Signature:   ID No:    SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  Name:   BN/RC No:   Signature:   S |              |  |                     |                  | ,                |             |
| ID Type:  SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  Name:  BN/RC No:  Phone No.  Email:  Signature:   | Address:     |  |                     |                  |                  |             |
| ID Type:  SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)  Name:  BN/RC No:  Phone No.  Email:  Signature:   | Phone No.    |  | Email:              |                  | Signature:       | :           |
| Name:  Phone No.  Email:  Signature:   | ID Type:     |  | 1                   | ID No:           |                  |             |
| Name:  Phone No.  Email:  Signature:   | OF COTTO     | D4 D | OF CT CT            | N. (EVE. 7.10.7. | DOD 1 =====      | 7           |
| Phone No. Email: Signature:  |              | DI: PARTICULARS                          | OF SECRETAL         | KY (F1RM/COR)    | PORATION         |             |
|  |              |  |                     | Email:           |                  |             |
|  |              |  |                     | <u> </u>         |                  | -           |
|  |              |  |                     |                  |                  |             |

Name Of Secretary & Tel. No.

Signature/Seal Of Secretary

# SECTION E: Statutory Declaration of Compliance with the requirements of CAMA by a Legal Practitioner

| Name of Deponent:                |                             |                  |                  |                        |
|----------------------------------|-----------------------------|------------------|------------------|------------------------|
| Address:                         |                             |                  |                  |                        |
| Accreditation No. (if any)       |                             | Phone No.:       |                  |                        |
| Do solemnly declare that         | at the above proposed compa | ny has fulfilled | the requirements | s for its registration |
| Declared at                      | on the                      |                  | day of           | 20                     |
|                                  |                             |                  |                  |                        |
|                                  |                             |                  |                  | Deponent               |
|                                  |                             |                  |                  | P                      |
| Befo                             | re Me:Commissioner of Oa    | ths/Notary Pub   | lic              |                        |
|                                  |                             |                  |                  |                        |
| PRESENTED FOR FILING             | BY:                         |                  |                  |                        |
| Name:                            |                             |                  |                  |                        |
| Address:                         |                             |                  |                  |                        |
| Phone No.:                       |                             | Email:           |                  |                        |
| Accreditation No. (Where Applica | ble):                       | Date:            |                  |                        |

#### Notes:

- a) A copy of either the Data Page of International Passport, Driver's license or National Identity Card of every individual director, subscriber and secretary must be attached to this application. For non-Nigerians only Data Page of International Passport is acceptable.
- b) Directors must be individuals and not below the age of 18years. See section 257 CAMA for other grounds of disqualification.
- c) Minors can subscribe to the shares of the company provided there are atleast two other qualified persons.
- d) A copy of Birth Certificate of every minor that is a subscriber issued by the National Population Commission or Data Page of International Passport must be attached.
- e) Where a corporate body is a subscriber or nominates a director to the board for a fixed term, a board resolution to that effect must be attached. For a corporate body registered outside Nigeria, a copy of certificate of registration duly translated if not in English Language must in addition be provided.
- f) The minimum share capital for a private company is \$\frac{1}{2}\$10,000 and \$\frac{1}{2}\$500,000 for a public company. Atleast 25 percent of the nominal share capital must be issued at all times. Please check the guidelines of other regulatory bodies for the capital requirements for companies operating in those sectors.
- g) A company limited by guarantee should not be registered with a share capital. The Commission is also required by law to refer the memorandum to the Attorney General of the Federation for approval before registration.
- h) Foreigners that are directors or subscribers using Nigerian addresses must attach copies of their residence permit. Other foreigners should use their residential addresses in their country of residence.
- i) This form must be accompanied by duly signed and stamped copies of the memorandum and articles of association. Companies are required to adopt the applicable model articles in Table 'A' of CAMA. Any modification to the table must be highlighted and registered together with the memorandum.
- j) A first director or subscriber can prepare and present the incorporation documents directly to the Commission for processing. The use of accredited professionals is no longer necessary provided all matters incidental to the registration are complied with.
- k) All asterisked fields on the form are mandatory.