

# 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						
Occupation:				E-mail:		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2.

Name:						
Any Former Furname or Surname:						
Sex:		Age:		Occupation:		
Nationality:			Any Former Nationality			
Residential Address						
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

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**Presented for filing by:**

Name: \_\_\_\_\_ Accreditation No. (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. & E-mail: \_\_\_\_\_ Signature & Date: \_\_\_\_\_