



CAC/IT/ FORM/001

**CORPORATE AFFAIRS COMMISSION
PMB 198, GARKI - ABUJA**

**APPLICATION FORM FOR REGISTRATION UNDER PART 'C' OF
COMPANIES AND ALLIED MATTERS ACT**

1. NAME OF ASSOCIATION:

2. REGISTERED OFFICE ADDRESS:

3. AIMS AND OBJECTS OF THE BODY

S/N	AIMS/OBJECTS
1.	
2.	
3.	
4.	
5.	To do all such other lawful things as may be considered to be incidental or conducive to the attainment of the above objects or any of them.

PRESENTED FOR FILING BY:

NAME:..... ACCR. NO (IF ANY):

ADDRESS:

E-MAIL: TELEPHONE/GSM NO.....

SIGNATURE..... DATE:.....

4. THE FULL NAMES, PERMANENT ADDRESSES AND OCCUPATION OF THE TRUSTEES

4.1

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.2

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.3

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.4

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.5

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.6

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.7

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.8

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.9

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

4.10

NAME:						PASSPORT PHOTOGRAPH
PERMANENT ADDRESS:						
NATIONALITY:						
OCCUPATION:						
SEX:		AGE:		TEL. NO.:		
SIGNATURE:						

5. PARTICULARS OF SECRETARY

NAME:					
ADDRESS:					
NATIONALITY:					
OCCUPATION:					
SEX:		AGE:		TEL. NO.:	
SIGNATURE:					

6. IMPRESSION OF COMMON SEAL

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7. ENCLOSURE:

Copies of the Relevant Minutes of the Meeting whereat the trustees were elected and the Special Clause Rules adopted into the constitution.

8. CERTIFICATION:

We certify that the information given is correct and in accordance with the provisions of the Companies and Allied Matters Act.

NAME:
CHAIRMAN

SIGNATURE/DATE:

NAME:
SECRETARY

SIGNATURE/DATE: