

# CORPORATE AFFAIRS COMMISSION



CAC/BN/1

## APPLICATION FOR REGISTRATION OF BUSINESS NAME

*Pursuant to Section 570*

**A. NAME OF BUSINESS**

**B. GENERAL NATURE OF BUSINESS**

**C. ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

**D. FULL ADDRESS OF BRANCH(ES) IF ANY**

**E. PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):**

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<b>SURNAME:</b> ANIEDOZIE	
<b>OTHER NAMES:</b> UCHE null <b>AGE:</b> 31	
<b>NATIONALITY:</b> Nigerian	
<b>CONTACT ADDRESS:</b> 27, AMARYLLIS STREET, PENINSULLA GARDEN ESTATE, AJAH, LAGOS	
<b>CITY:</b> AJAH <b>STATE:</b> LAGOS <b>P.O. BOX:</b>	
<b>PHONE NUMBER:</b> 08032952964 <b>EMAIL:</b> trillseventsandsouvenirs@gmail.com	

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

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

**F. PARTICULARS OF CORPORATION WHICH IS A PROPRIETOR:**

**G. DATE OF COMMENCEMENT OF BUSINESS:**

1 June 2018

**H. 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.*

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PROPRIETOR

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PROPRIETOR

**COMMISSIONER FOR 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

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**PRESENTED FOR FILING BY:**

<b>NAME:</b> ANIEDOZIE UCHE	<b>ACCREDITATION NO.</b> (if applicable):
<b>ADDRESS:</b> 27, AMARYLLIS STREET, PENINSULLA GARDEN ESTATE, AJAH, LAGOS	
<b>TEL. NO.:</b> 08032952964	<b>E-MAIL:</b> trillseventsandsouvenirs@gmail.com