

CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



COMPLAINT FORM

CTC/CF/007

Date of Complaint:		Entity Type:	
Entity Name:			
Registration No. or Availability Code:		Date of Filing (if applicable)	
Name of Complainant:			
Accreditation No.: (if any)		Mobile Number:	
Email Address:		CAC Office: (incident location)	
Complaint details:			

Mail the completed form and other relevant document(s) if applicable to complaints@cac.gov.ng