Annual return of Business Name (CAC/BN 06)

Pursuant to Section 822 of the Companies and Allied Matters Act, 2020

CAC/BN/6

ANNUAL RETURN OF BUSINESS NAMES



. /	
v	
•	-

What this form is for

You may use this form to file Annual Return for Business Name

What this form is NOT for

You cannot use this form to give notice of change in particulars of proprietor or partner

For further information, please refer to our guidance at www.cac.gov.ng

		1			
1. Business Name	e details				
Registration Num	ber				
Business name in	full				
General Nature of	Business				
2. Principal place	e of business				
	Number/Bu	ilding Name*			
	Street*				
	City/Town/	Village*			
	Local Gover	rnment*			
	Postal code				
	State*				
3. Branch Addre	ss (if any)				
	Number/Bu	ilding Name*			
	Street*				
	City/Town/	Village*			
	Local Gover	rnment*			
	Postal code				
	State*				
4. Annual Return details					
Annual Return f	or the year			Financial Year End/Accounting Year End	
Turnover N				Total Net Assets N	

5. Particulars of Proprietor/Partners

Surname									
Forename(s)									
Nationality		Date of birth		/			/		
Gender		Telephone number		•		•			
Identity Number		Identity Type							
Email		Occupation							
Resid	ential Address		1						
Numb Name	er/Building								
Street									
City/T	Town/Village*								
Local	Government*								
Postal	code								
State*									
Servio	ce Address								
Numb Name	er/Building								
Street									
City/T	Town/Village*								
Local	Government*								
Postal	code								
State*									
Signa	ture		Date						
Surname					II.				
Forename(s)									
Nationality		Date of birth		/			/		
Gender		Telephone number		•		•			
Identity Number		Identity Type							
Email		Occupation							
	ential Address		1						
Numb Name	er/Building								
Street	*								
City/T	Town/Village*								
Local									
Postal	Government*								

	State*				
	Service Addres	26			
	Number/Buildir	ng			
	Name* Street*				
		ate .			
	City/Town/Villa				
	Local Governm	ent*			
	Postal code				
	State*				
	Signature			Date	
6. Particulars of C	orporate Partner	r (if any)			
Name of corporate	body				
Registration number	r				
Address		•			
	Number/Buildir	ng			
	Name*				
	Street*				
	City/Town/Villa	age*			
	Local Governm	ent*			
	Postal code				
	State*				
It is hereby certified	that the informat	tion disclose	ed above represent the true	and correct sta	te of affairs of the above
stated business nam			1		
7. Authentication					
Name					orm is authorised by a
Email					etor, partner or any ised person.

Note that financial statement for the year of return should be attached to this return.

Presented for filing by:

Name*			
Accreditation Number (where applicable)			
Address	Number/Building Name*		
	Street*		
	City/Town/Village*		
	Local Government*		
	Postal code		
	State*		
	Country*		
Phone Number*			
Email*			
Signature*		Date*	

All asterisked fields on the form are mandatory.

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

day the default continues.

- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.