

MISC 04

ATTESTATION FOR A MINOR WHO IS A PARTNER IN A LIMITED PARTNERSHIP (LP) OR BUSINESS NAME (BN)



✓ **What this form is for**
You may use this form for attestation

✗ **What this form is NOT for**
You cannot use this form for statutory declaration of compliance.

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

Affix Applicant's recent photograph

Name of LP/BN

I, _____

hereby confirm that the photograph affixed to this form bears the true likeness of the applicant, and that the information provided by the applicant in the Limited Partnership/Business Name (*cross out whichever is not applicable*) registration application as to his/her age is true to the best of my knowledge and belief.

Signature and official stamp or seal of Attester

Contact Address

Number /Building name:

Street:

City:

Local Government

State

Telephone number:

Email address:

Note:

1. Attester should be a Magistrate, Legal Practitioner or Police Officer of a rank not lesser than Assistant Superintendent of Police (please indicate whichever applicable).
2. Attester should endorse official stamp or seal across Applicant's recent photograph