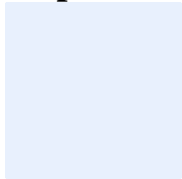
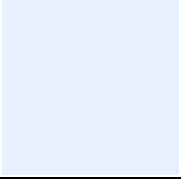


APPLICATION TO REGISTER BUSINESS NAME



Proposed Business Name Please type your proposed name as provided in option 1 to 3 below.		
Option 1		
Option 2		
Option 3		
Date of commencement of business		
General Nature of business		
	Please give a brief description of the business activities below:	
General Nature of Business		
Address of Principal Place of Business		
	Please give the address of principal place of business	
Address		You must ensure that the address shown in this section is easily traceable.
City/Town/Village		
Local Government		
State		
Address of Branch (if any)		
Address		
City/Town/Village		
Local Government		
State		
Proprietor's details		

Surname		
First name		
Other name(s)		
Former name(s)		
Nationality		
Former nationality		
Gender		
Date of birth		
Phone number		Recent Passport Photograph 
Email		
Identity Number		
NIN		
Identity Type		
Occupation		
Proprietor's Address		
Address		
City/Town/Village		
Local Government		
State		
Signature		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.
Date		

Note:

1. Fill and sign this application form.
2. Upload recent passport photograph and Signature
3. Scan the completed form in PDF format together with a scanned copy of a recognized means of identification (either Data Page of International Passport, Driver's license, National Identity Card or Voter's Card) and send via email to quickservice@cac.gov.ng