

# CORPORATE AFFAIRS COMMISSION



FORM CAC 2A

## RETURN OF ALLOTMENT (POST INCORPORATION)

Pursuant to Section 129

|                                |     |
|--------------------------------|-----|
| CORPORATE AFFAIRS COMMISSION   |     |
| ASSESSMENT                     |     |
| 07 AUG 2019                    | 001 |
| ASSESSED BY <i>[Signature]</i> |     |

Company Number

429670

Company Name

ENVIRONQUEST NIGERIA LIMITED

### SECTION A

Number of shares allotted payable in cash: *2000*

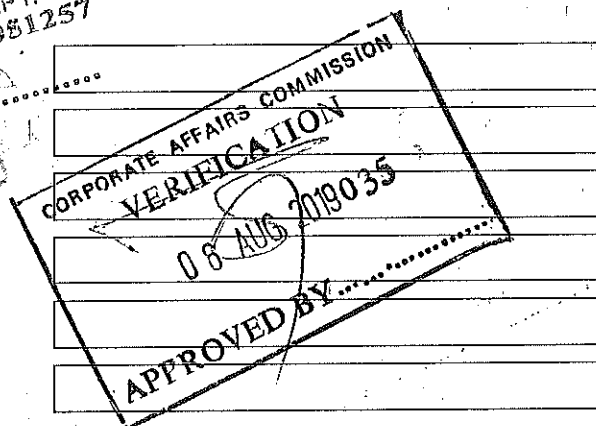
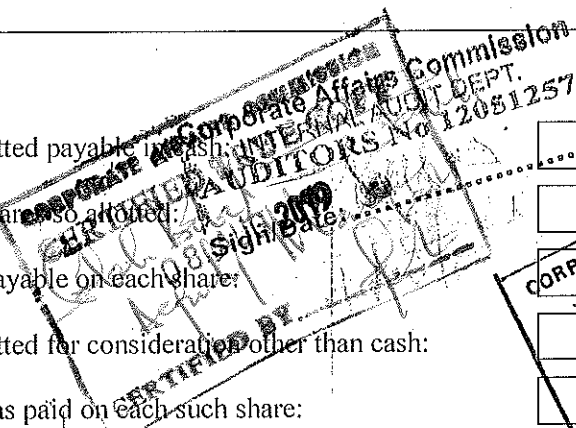
Nominal amount of shares so allotted: *2000*

Amount paid or due payable on each share: *1.00*

Number of shares allotted for consideration other than cash: *0*

Amount to be treated as paid on each such share: *0.00*

Consideration for which such shares have been allotted: *0.00*

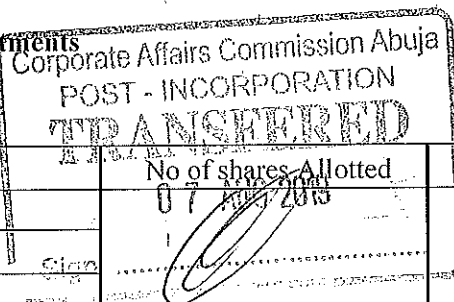


### SECTION B

#### Particulars of Allotments

1.

| Name | Address |  | No of shares Allotted | Type of shares |
|------|---------|--|-----------------------|----------------|
|      |         |  | 07 AUG 2019           |                |
| City | State   |  |                       |                |



2.

| Name | Address |  | No of shares Allotted | Type of shares |
|------|---------|--|-----------------------|----------------|
|      |         |  |                       |                |
| City | State   |  |                       |                |

2603-2160-4812/7/8/19 18000

3.

|         |       |                       |                |
|---------|-------|-----------------------|----------------|
| Name    |       | No of shares Allotted | Type of shares |
| Address |       |                       |                |
|         |       |                       |                |
| City    | State |                       |                |

4.

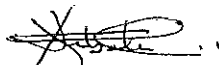
|         |       |                       |                |
|---------|-------|-----------------------|----------------|
| Name    |       | No of shares Allotted | Type of shares |
| Address |       |                       |                |
|         |       |                       |                |
| City    | State |                       |                |

5.

|         |       |                       |                |
|---------|-------|-----------------------|----------------|
| Name    |       | No of shares Allotted | Type of shares |
| Address |       |                       |                |
|         |       |                       |                |
| City    | State |                       |                |

6.

|         |       |                       |                |
|---------|-------|-----------------------|----------------|
| Name    |       | No of shares Allotted | Type of shares |
| Address |       |                       |                |
|         |       |                       |                |
| City    | State |                       |                |



Signature of Director

ADEBOLA ODU-ONIKOSI

Name of Director &amp; Tel. No.



Signature of Director

OLUWATONI OLUWABIYE

Name of Director &amp; Tel. No.

**Note:**

If there is insufficient space in the form to provide the information required, please attach a separate sheet containing the information required in the prescribed format.

**SECTION C – Shareholder of the Company after this allotment.**

1.

|         |                                  |       |              |                |
|---------|----------------------------------|-------|--------------|----------------|
| Name    | ADEBOLA ODU-ONIKOSI              |       | No of shares | Type of shares |
| Address | B56, ROAD B6, CARLTONGATE ESTATE |       |              |                |
|         | CHEVRON DRIVE, LEKKI             |       | 2,000,000    | ORDINARY       |
| City    | LAGOS                            | State | LAGOS        |                |

2.

|         |  |       |       |              |                |
|---------|--|-------|-------|--------------|----------------|
| Name    | OLUWATONI OLUWABIYI                      |       |       | No of shares | Type of shares |
| Address | BLOCK D, FLAT 2, ALAPERE HOUSING ESTATE, |       |       | 1,500,000    | ORDINARY       |
| KETU    |  |       |       |              |                |
| City    | LAGOS                                    | State | LAGOS |              |                |

3.

|                 |                           |       |       |              |                |
|-----------------|---------------------------|-------|-------|--------------|----------------|
| Name            | AYO OTUYALO               |       |       | No of shares | Type of shares |
| Address         | 9, YOUNIS BASHORUN STREET |       |       | 1,500,000    | ORDINARY       |
| VICTORIA ISLAND |                           |       |       |              |                |
| City            | LAGOS                     | State | LAGOS |              |                |

4.

|         |  |       |  |              |                |
|---------|--|-------|--|--------------|----------------|
| Name    |  |       |  | No of shares | Type of shares |
| Address |  |       |  |              |                |
|         |  |       |  |              |                |
| City    |  | State |  |              |                |

5.

|         |  |       |  |              |                |
|---------|--|-------|--|--------------|----------------|
| Name    |  |       |  | No of shares | Type of shares |
| Address |  |       |  |              |                |
|         |  |       |  |              |                |
| City    |  | State |  |              |                |

6.

|         |  |       |  |              |                |
|---------|--|-------|--|--------------|----------------|
| Name    |  |       |  | No of shares | Type of shares |
| Address |  |       |  |              |                |
|         |  |       |  |              |                |
| City    |  | State |  |              |                |

Signature of Director

ADEBOLA ODU-ONIKOSI

Name of Director &amp; Tel. No.

Signature of Director

OLUWATONI OLUWABIYI

Name of Director &amp; Tel. No.

## Note:

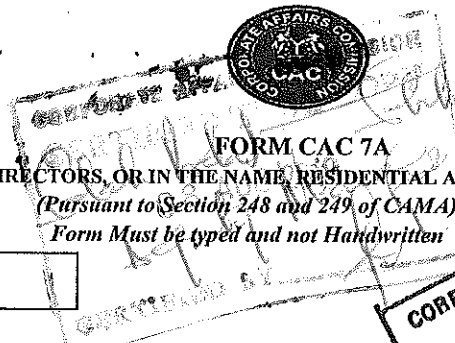
If there is insufficient space on the form to provide the information required, please attach a separate form containing the information required in the prescribed format.

Presented for filing by:

Name: AYODEJI ARSWOLA Accreditation Number: NBA/INT/33037  
 Address: PLOT 16, NURSES ESTATE KARU F.C.T. ABUJA  
 Tel. No. & E-mail: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

# CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



NOTICE OF CHANGE OF DIRECTORS, OR IN THE NAME, RESIDENTIAL ADDRESS OR POSTAL ADDRESS OF DIRECTOR

(Pursuant to Section 248 and 249 of CAMA)

Form Must be typed and not Handwritten

Company Number

429670

Company Name

ENVIRONQUEST NIGERIA LIMITED

## PARTICULARS OF DIRECTORS

(Note: Consent to act as Director is implied by signing the appropriate column provided)

### SECTION A – For Directors ceasing to hold office

| S/No. | Name | Residential & Postal Address  | Date Ceasing to hold office   |
|-------|------|---|---|
|       |      | <p>Corporate Affairs Commission<br/>INTERNAL AUDIT DEPT.<br/>AUDITORS No 12051257</p> <p>Sign/Date: .....</p> | <p>#2000 Payable</p> <p>CORPORATE AFFAIRS COMMISSION<br/>ASSESSMENT<br/>07 AUG 2019 001</p> <p>ASSESSED BY: .....</p> |

### SECTION B – For Directors Newly appointed

| S/No. | Name            | Residential, Address & Telephone Number                    | Date of Appointment | Consent/Signature |
|-------|-----------------|--|---------------------|-------------------|
| 1.    | AYO OTUYALO     | 9, YOUNIS BASHORUN STREET, VICTORIA ISLAND LAGOS           | 31-7-19             |                   |
| 2.    | ADEBIYI OLADIPO | 16, ERIC MOORE CLOSE, OFF ERIC MOORE ROAD, SURULERE, LAGOS | 31-7-19             |                   |

### SECTION C – For Change in name, residential address or postal address of Director

|                      |                |  |
|----------------------|----------------|--|
| Name:                | New Name       | <p>Corporate Affairs Commission Abuja<br/>POST - INCORPORATION<br/>TRANSFERRED</p> <p>07 AUG 2019</p> <p>Sign: .....</p> |
|                      | Former Name    |  |
| Residential Address: | New Address    |  |
|                      | Former Address |  |
| Postal Address:      | New Address    |  |
|                      | Former Address |  |
| Date of Change       |                |  |

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**SECTION D – Directors of the Company from the date of this notice**

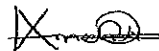
| S/No. | Name                | Residential & Postal Address                                  |
|-------|---------------------|---|
| 1.    | ADEBOLA ODU-ONIKOSI | B56, ROAD B6, CARLTONGATE ESTATE, CHEVRON DRIVE, LEKKI, LAGOS |
| 2.    | OLUWATONI OLUWABIYI | BLOCK D, FLAT 2, ALAPERERE HOUSING ESTATE, KETU, LAGOS        |
| 3.    | AYO OTUYALO         | 9, YOUNIS BASHORUN STREET, VICTORIA ISLAND, LAGOS             |
| 4.    | ADEBIYI OLADIPO     | 16, ERIC MOORE CLOSE, OFF ERIC MOORE ROAD, SURULERE, LAGOS    |



Signature of Director

ADEBOLA ODU-ONIKOSI

Name of Director & Tel No.



Signature of Director/Secretary/Authorized Officer

OLUWATONI OLUWABIYI

Name of Director/Secretary/Authorized Officer & Tel No.

Presented for filling by:

|                                       |                                 |        |             |
|---------------------------------------|---------------------------------|--------|-------------|
| Name:                                 | AYODEJI ARROWO                  |        |             |
| Address:                              | PLOT 16, NURSES ESTATE KARIKARI |        |             |
| Phone No.:                            |                                 | Email: |             |
| Accreditation No. (Where Applicable): | NBA/157/33037                   | Date:  | 08 AUG 2019 |

**Note:**

1. Where a company is a director, resolution stating the named representative of the company Must be provided and copy of the certificate of incorporation of the home country Must also be attached.
2. If there is insufficient space on the form to provide the information required, please attach a separate sheet containing the information set out in the prescribed form.
2. Where a director is resigning, copy of his resignation letter should be attached.
3. Where there is foreign Director Resident in Nigeria, Resident Permit Must be provided.

