

CORPORATE AFFAIRS COMMISSION



403826

FORM CAC 7

PARTICULARS OF PERSONS WHO ARE FIRST DIRECTORS OF THE COMPANY Pursuant to Section 35

Company Number

Company Name

C/NGIN ASSOCIATES



PARTICULARS OF DIRECTORS

Surname:	OHATUNDE		
Other Names:	OLOYEDE		
Nationality	NIGERIAN		
Residential Address	NO. 3, MUKHTAR MOHAMMED LINK ROAD, OFF TUKURA ROAD		
	City:	NUSAARENA	State: NASSARAWA
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature

Date 23/2/2017

Surname:	BOSEDE		
Other Names:	OLOYEDE		
Nationality	NIGERIAN		
Residential Address	C37 LABORATORY ESTATE BEHIND FHA NEW SITE, LUGBE		
	City:	FCT	State: ABUJA
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature

Date 23/2/2017

Surname:	EL-OLAM		
Other Names:	OLOYEDE		
Nationality	NIGERIAN		
Residential Address	C37 LABORATORY ESTATE BEHIND FHA NEW SITE, LUGBE		
	City:	FCT	State: ABUJA
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature

Date 23/2/2017

Name:	EL-YON		Age	ADULT
Other Names:	OLOYEDE			
Nationality	NIGERIAN			
Residential Address	C37 LABORATORY ESTATE, BEHIND FHA NEW SITE, LUGBE			
City:	FCT	State:	ABUJA	
P.O. Box		E-mail		
		Tel. No.		

I consent to be a director of the above named company

Signature EL-YON

Date 23/2/2012

5.

Surname:			Age	
Other Names:				
Nationality				
Residential Address				
City:		State:		
P.O. Box		E-mail		
		Tel. No.		

I consent to be a director of the above named company

Signature _____

Date _____

6.

Surname:			Age	
Other Names:				
Nationality				
Residential Address				
City:		State:		
P.O. Box		E-mail		
		Tel. No.		

I consent to be a director of the above named company

Signature _____

Date _____

7.

Surname:			Age	
Other Names:				
Nationality				
Residential Address				
City:		State:		
P.O. Box		E-mail		
		Tel. No.		

I consent to be a director of the above named company

Signature _____

Date _____

8.

Surname:			Age	
Other Names:				
Nationality				
Residential Address				
City:		State:		
P.O. Box		E-mail		
		Tel. No.		

I consent to be a director of the above named company

Signature _____

Date _____

Name:		Age	
Nationality			
Residential Address			
City:	State:		
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

Date _____

10.

Surname:		Age	
Other Names:			
Nationality			
Residential Address			
City:	State:		
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

Date _____

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Surname:		Age	
Other Names:			
Nationality			
Residential Address			
City:	State:		
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

Date _____

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Surname:		Age	
Other Names:			
Nationality			
Residential Address			
City:	State:		
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

Date _____

Note:

- Directors include any person who occupies the position of a director by whatsoever name called. A body corporate should be represented by a natural person. This should be indicated. The name of the body corporate should be written in the space provided for surname while the name of the natural person should be written in the space provided for other names. The nationality, residential address and signature of the natural person should be provided in the respective spaces provide.
- If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.

Presented for filing by:

Name: MICHAEL MICHAEL Accreditation Number: CAC/WS/5201/26239
 Address: 41 WILSON ROAD KADU
 Tel. No. & E-mail: 070357883434 Signature & Date: 23/2/2017