

CORPORATE AFFAIRS COMMISSION



CAC/BN/7

ANNUAL RETURNS FOR BUSINESS NAME

Pursuant to Section 670

Reg. No:

Name of Business:

Date of Registration:

General Nature of Business:

Full Address of Principal Place of Business:

Full Address of Branch(es) (if any):

Annual Return for the year ended

Particulars of Proprietors:

1.

Name:					
Any Former Furname or Surname:					
Sex:		Age:		Tel. No.:	
Nationality:				Any Former Nationality	
Residential Address					
	City:		State:		
Occupation:				E-mail:	

Signature: _____

Date: _____

2.

Name:					
Any Former Furname or Surname:					
Sex:		Age:		Tel. No.:	
Nationality:				Any Former Nationality	
Residential Address					
	City:		State:		
Occupation:				E-mail:	

Signature: _____

Date: _____

3.

Name:					
Any Former Furname or Surname:					
Sex:		Age:		Tel. No.:	
Nationality:				Any Former Nationality	
Residential Address					
	City:			State:	
Occupation:				E-mail:	

Signature: _____ **Date:** _____

4.

Name:					
Any Former Furname or Surname:					
Sex:		Age:		Tel. No.:	
Nationality:				Any Former Nationality	
Residential Address					
	City:			State:	
Occupation:				E-mail:	

Signature: _____ **Date:** _____

Particulars of Corporation which is a Proprietor:

Corporate Name: RC. No.:

Address:

Financial Year End/Accounting Year End

Turn Over

Net Asset

It is hereby certified that the information disclosed above represent the true and correct state of affairs of the above stated business name as at the date of this return.

Dated this **of**

Signature of Proprietor

Name of Proprietor & Tel. No.

Note: 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: _____ Accreditation No. (if applicable): _____

Address: _____

Tel. No. & E-mail: _____ Signature & Date: _____