

# CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



## FORM CAC 10B

NOTICE OF CHANGE OF DIRECTORS, OR IN THE NAME, RESIDENTIAL ADDRESS OR POSTAL ADDRESS OF DIRECTOR  
(Pursuant to Section 370 and 373 of CAMA)

Form Must be typed and not Handwritten

Company Number

Company Name

ANNUAL RETURN Made up to the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (being the fourteenth day after the date of the general meeting for the year \_\_\_\_\_).

Registered office address: \_\_\_\_\_

1. Situation of Registers of Members & Debenture Holders (or any part of such registers) if other than the registered office of the company:  
\_\_\_\_\_

2. Authorised share capital \_\_\_\_\_ divided into \_\_\_\_\_ shares of N \_\_\_\_\_ each

3. Particulars of indebtedness (if any) \_\_\_\_\_

4. Particulars of persons who are Directors of the company at the date of this return:

1. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		
2. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		
3. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		

4. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		
5. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		
6. Surname:					
Other Names:					
Nationality:		Age:		Phone No.:	
Residential Address:					
City:		State:		Email:	
Business Occupation:			Particulars of Other Directorships:		

5. Particulars of person who is Secretary of the Company at the date of this return:

Full Name (registered name for Body Corporate or Firm) & Tel. No.	Residential Address (In case of Corporate the Registered or Principal Address)	Particular of Registration (if a Firm or Company)	Date of Appointment

*We certify that the excess of the number of members of the company over fifty (where number exceeds fifty) consists wholly of persons, who under Section 22(3) of the Companies and Allied Matters Act, 1990 are not to be included in reckoning the number of fifty.*

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Director/Secretary/Authorized Officer

\_\_\_\_\_  
Name of Director & Tel No.

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

**Notes:**

*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. ii. This return should be accompanied by Audited Account of Company for the year in which the return is made.*

**Presented for filling by:**

<b>Name:</b>			
<b>Address:</b>			
<b>Phone No.:</b>		<b>Email:</b>	