

CORPORATE AFFAIRS COMMISSION
(Established under the Companies and Allied Matters Act 1990)



FORM CAC 1.1

APPLICATION FOR REGISTRATION OF COMPANY
Form Must be Typed and not Handwritten
(Carefully read the Notes overleaf before you fill in the Form)

Type of Company (Tick as appropriate)

☒ **LIMITED BY SHARES**

☒

LIMITED BY GUARANTEE

☐ **UNLIMITED**

COMPANY NAME

SYSTEMS TECHNOLOGIES LIMITED

SECTION A: Company Address

Registered Office Address and Head Office Address if different from Registered Office Address	
* Registered Office Address:	NO. 44 HABIBAT SULYMAN CLOSE, TANKE (ILORIN, KWARA)
Head Office Address: (If different from Registered Office Address)	N/A
* Email Address:	yusuffolawiyoyusuf@gmail.com

SECTION B: THE AUTHORIZED SHARE CAPITAL OF THE COMPANY IS:

FIVE MILLION NAIRA

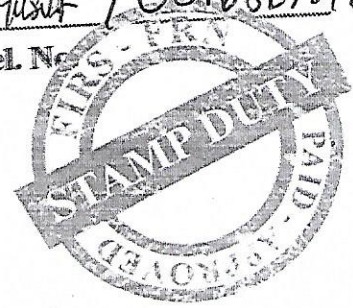
₦ 5,000,000

AMOUNT IN WORDS

DIVIDED INTO	5,000,000	OF	₦	1	EACH
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* YF
Signature of Director.

* Yusuf Polawyo Yusuf / 08168670476
Name of Director & Tel. No.



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SECTION C: PARTICULARS OF FIRST DIRECTORS & THEIR CONSENT TO ACT

1. Name and Addresses of Persons who are First Directors of the Company & Their Consent to Act

*Name:	YUSUF YUSUF FOLAWIYO				
*Residential Address:	NO. 44 HABIBAT SULYMAN CLOSE, TANKE		*Nationality:	NIGERIAN	
*City:	ILORIN	*State:	KWARA	*Country of Residence:	NIGERIA
*ID No:	97406609893	*ID Type:	National ID Card	*E-mail:	yusuffolawiyoyusuf@gmail.com
*Date of Birth:	Sep 6, 1995	*Gender:	MALE	*Phone No:	08168670476

Signature: YF

Date: 4-06-2020

I consent to be a Director of the above Company

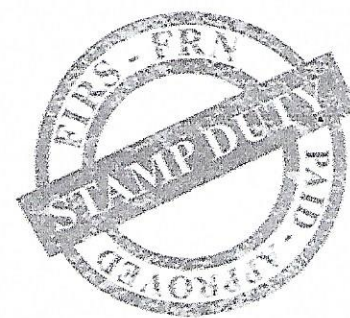
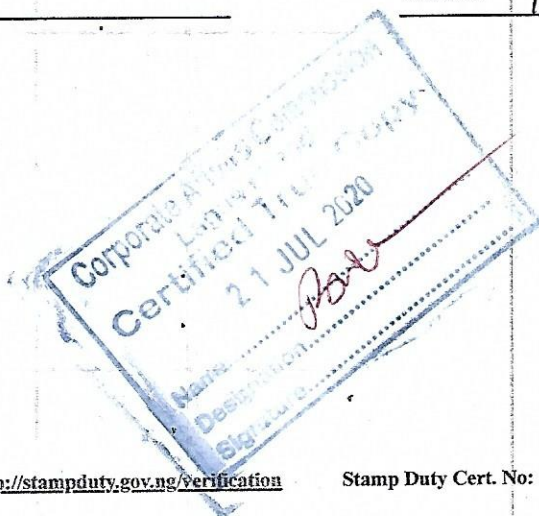
2.

*Name:	ABDULRAZAQ OLATUNJI ABDULATEEF				
*Residential Address:	BLOCK 492, FLAT 4, JAKANDE ESTATE		*Nationality:	NIGERIAN	
*City:	ISOLO	*State:	LAGOS	*Country of Residence:	NIGERIA
*ID No:	A09393303	*ID Type:	International Passport	*E-mail:	oabdulrazaq11@gmail.com
*Date of Birth:	Jan 11, 1981	*Gender:	MALE	*Phone No:	08033947636

Signature: AOA

Date: 4-06-2020

I consent to be a Director of the above Company



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Name:	ABDULAZEEZ YUSUF OLAWALE				
Residential Address:	NO. 18 DABAN AVENUE			*Nationality:	NIGERIAN
*City:	BWARI	*State:	FCT	*Country of Residence:	NIGERIA
*ID No:	93748887464	*ID Type:	National ID Card	*E-mail:	yusufazeez28@gmail.com
*Date of Birth:	Jan 8, 1993	*Gender:	MALE	*Phone No:	08119658497

Signature: AY

Date: 4-06-2020

I consent to be a Director of the above Company

SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)

*Name:	ABDULRAZAQ ABDULMUMINI BABATUNDE				
*Address:	BLOCK 4, FLAT 11, LAGOS HOMS (ILUPEJU, LAGOS)				
*Phone No:	08035638393	*E-Mail:	babatunde_abdulrazaq@yahoo.com	*Signature:	<u>AY</u>
*ID Type:	National ID Card			*ID No:	93748877465

SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)

SECTION E: Statutory Declaration of Compliance with the requirements of CAMA by a Legal Practitioner



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Name Of Deponent:	ABDULRAZAQ ABDULMUMINI BABATUNDE		
Address:	BLOCK 4, FLAT 11, LAGOS HOMS (ILUPEJU, LAGOS)		
Accreditation No. (If Any):	CAC/IND/NBA/30973	*Phone No:	08035638393

Do solemnly declare that the above proposed company has fulfilled the requirements for its registration

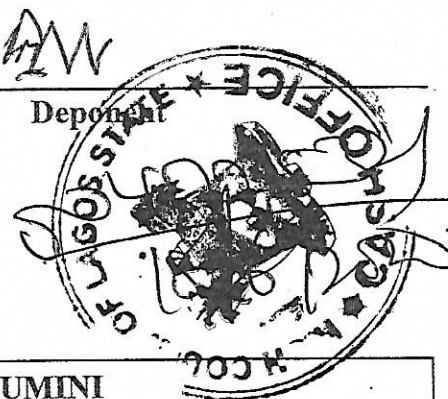
Declared at Ute On the 18 day of June 2020

Before Me:

Commissioner for Oaths/Notary Public

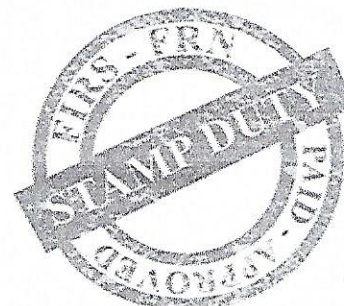
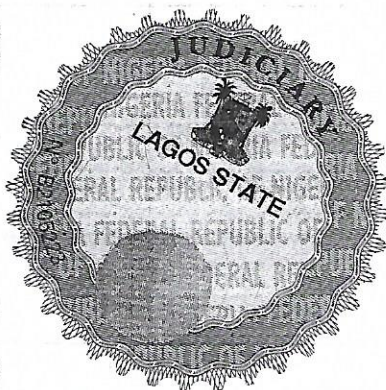
ADJO-T. OLABISI
Commissioner For Oaths
Lagos High Court
Lagos

Deponent



PRESENTED FOR FILING BY

*Name:	ABDULRAZAQ BABATUNDE ABDULMUMINI		
*Address:	BLOCK 4, FLAT 11, LAGOS HOMS (ILUPEJU, LAGOS)		
*Phone No:	08035638393	*E-Mail:	babatunde_abdulrazaq@yahoo.com
Accreditation No. (Where Applicable):	nba/ind/30973	*Date:	18-06-2020



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