

# NIGERIA EXPORT PROCESSING ZONES AUTHORITY

(Established Under The NEPZA Act No, 63 Of 1992)

FZR FORM1



1014

## FREE ZONE REGISTRY PARTICULARS OF DIRECTORS OR ANY CHANGE THERE IN

NAME OF COMPANY:

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PARTICULARS OF DIRECTORS

1.

Surname:					
Other Names:					
Nationality:		Age:		Year:	
Residential Address (in case of a corporation the registered or principal office)					
	City:		State:		
Remarks:	APPOINTED:	RE-APPOINTED:	RESIGNED:	REMOVED:	

I consent to be a Director of the Company

Signature \_\_\_\_\_ Date: \_\_\_\_\_

2.

Surname:					
Other Names:					
Nationality:		Age:		Year:	
Residential Address (in case of a corporation the registered or principal office)					
	City:		State:		
Remarks:	APPOINTED:	RE-APPOINTED:	RESIGNED:	REMOVED:	

I consent to be a Director of the Company

Signature \_\_\_\_\_ Date: \_\_\_\_\_

3.

Surname:					
Other Names:					
Nationality:		Age:		Year:	
Residential Address (in case of a corporation the registered or principal office)					
	City:		State:		
Remarks:	APPOINTED:	RE-APPOINTED:	RESIGNED:	REMOVED:	

I consent to be a Director of the Company

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Surname:					
Other Names:					
Nationality:				Age:	Year
Residential Address (in case of a corporation the registered or principal office)					
		City:			State:
Remarks:	APPOINTED:	RE-APPOINTED:	RESIGNED:	REMOVED:	

I consent to be a Director of the Company

Signature \_\_\_\_\_ Date: \_\_\_\_\_

5.

Surname:					
Other Names:					
Nationality:				Age:	Year
Residential Address (in case of a corporation the registered or principal office)					
		City:			State:
Remarks:	APPOINTED:	RE-APPOINTED:	RESIGNED:	REMOVED:	

I consent to be a Director of the 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 is given in the space for other names. The nationality and the residential address and signature of the natural person is thereafter provided in the space required.

Dated:  day of  20

\_\_\_\_\_  
Director

\_\_\_\_\_  
Director

**Note:**

If the space provided in the forms is insufficient particulars of other Directors should be listed on the particulars of director continuation sheet attached to this form.

**Presented for filing by:**

NAME:		ACCR. NO	_____
ADDRESS:		E-MAIL:	_____
TELEPHONE NO:		DATE:	_____

**IMPORTANT**

All names of Directors should be provided full. Abbreviation or initials are not acceptable

# NIGERIA EXPORT PROCESSING ZONES AUTHORITY

FZR FORM 2



1015

**NEPZA**

**FREE ZONE REGISTRY**

## STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

Return of Allotment from the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

to the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

NAME OF

COMPANY

	<b>FZE</b>
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*Pursuant to the inherent Power Conferred on the Authority by  
NEPZA Act 63 of 1992*

### STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

	\$
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AMOUNT IN WORDS

DIVIDED INTO

--

OR \$

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### RETURN OF ALLOTMENT OF SHARES

Number of shares allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due payable on each share:

Number of shares allotted for consideration other than cash:

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

Dated this

--

day of

--

20

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

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

**PRESENTED FOR DOCUMENTATION BY:**

NAME

ADDRESS

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Alloted	Type. of Shares
Name:					
Address:					
City		State			
P.O. Box		E-mail:			

Name:					
Address:					
City		State			
P.O. Box		E-mail:			

Name:					
Address:					
City		State			
P.O. Box		E-mail:			

Name:					
Address:					
City		State			
P.O. Box		E-mail:			

Name:					
Address:					
City		State			
P.O. Box		E-mail:			

Name:					
Address:					
City		State			
P.O. Box		E-mail:			

# NIGERIA EXPORT PROCESSING ZONES AUTHORITY

(Established Under NEPZA Act No, 63 Of 1992)



**NEPZA**

1012

FZR FORM 3

## FREE ZONE REGISTRY

DECLARATION OF COMPLIANCE WITH THE REQUIREMENTS OF NEPZA ACT No. 63 of 1992

Pursuant to Section 9(1)

Name:			
Post Call:		Accr. No:	
Address:			
City:		State:	
Telephone No:		E-mail:	

Do solemnly and sincerely declare that I am the solicitor engaged in the formation of

NAME OF COMPANY

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And that all the requirement of Nigeria Export Processing Zones Authority Act 63 of 1992 to the registration of the said Company and incidental thereto have been complied with. I make this solemn declaration conscientiously believing same to be true and in accordance with the provision of the oaths Act of 1990

DEPONENT

DECLARED AT:

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THIS

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DAY OF

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20

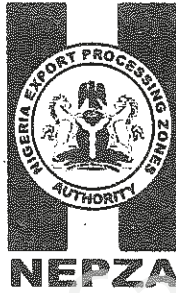
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BEFORE ME

COMMISSIONER FOR OATHS/NOTARY PUBLIC

# NIGERIA EXPORT PROCESSING ZONES AUTHORITY

(Established Under The NEPZA Act No, 63 Of 1992)



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FZR FORM 5

## FREE ZONE REGISTRY NOTICE OF SITUATION/CHANGE OF REGISTERED ADDRESS

Company Name

### Section A

The registered office of the above named company is situated at:

Number/Street Name		P.O. Box	
City		State	

### Section B (For change in Registered Office Address only)

The registered office of the above name company is now changed to:

Number/Street Name		P.O. Box	
City		State	

Signature of Director

Signature of Secretary

Name of Director & Tel. No.

Signature of Secretary & Tel. No.

Note:

Where no house/plot number or street name, address must be described in sufficient Details for easy location

***Presented for filing by:***

Name: \_\_\_\_\_ Accreditation Number: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: No & E-mail: \_\_\_\_\_ Signature & Date: \_\_\_\_\_