

DETAILS OF SOLE PROPRIETOR

Please complete in BLOCK LETTERS

Personal Information																														
Title	Mr.	N	∕Irs.		Othe	rs (Sp	ecify)					Ма	arital	Stat	us:	Sing	le_	Ма	ırriec	d	Oth	ners	(Spec	ify)						
Name																														
Data of Divide	D	D	(Sur	name) M	Υ	Υ	Υ	Υ			ادماد	of D		(First I	Vame)															
Date of Birth Mother's					Ш					, , ,		of B	Г													<u> </u>			_	
Maiden Name											Na	tiona	lity														Nige	rian		
State of Origin													ı	G.A																
Tax Identification																									S	ex: F	=	М		
Number Nationality														Nia	eriar			Other	'S (spe	ecify)										
Residence Permit Number															Permit Issue Date															
(For foreigners) Multiple Citizenship		YES		NO												_		Permit D D M M Y Y Y Y Expiry Date												
If YES: please	,	IES	·	INO													<u>'</u>	Expii	у Ба	ile										
state country(ies)																													
Foreign Tel Number (if any)															Pa Pe	sspo rmit	rt/R Nun	leside nber	ent											
Foreign Address (if any)																														
															С	ity														
Country																			/Pos	tal										
Contact D	et <u>ail</u> s	S																Co	de											
Business/Residen House			ess				G:																							
Number							Stre	et N	ame																					
Nearest Bus Stop /Landmark																		City/T	own											
L.G.A															5	State														
Country														Mobile Nur				ber												
Phone Number														Emai Addr	l ess															
Means Ot	Ider	itifica	ation																											
National ID Card	National Driver's International Valid INEC License Passport Voters Card										Others (please specify)																			
ID Number														VOU	BVN ID															
ID Issue Date	D	D	M	M	Y	Y	Y	Y				J					ום ו	Expiry	Dot	_	D	D	M	M	Υ	Υ	Υ	Υ		
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Name					(Su	rname)									(First	Name	e)												
Date of Birth	D	D	M	M		Y	Y	Y					Sex	: F		М			Γ itle (s	pec	ify)									
Relationship			_	_										Off	ice N	lumb	er													
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House														ıvl	ONIIE	ivull	ın <u>c</u> ı	[
Number							Stre	eet N	ame																					
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Nearest Bus Stop/LandMark																			L.G	6.A										
State																	C	Country			_									
Addition	nal <u>D</u>	etail:	S																											
Name of Affiliate	1.																													
company, zoay																														
	2.																													
	3.																													
Parent Company Country	y S																													