



OGUN STATE INTERNAL REVENUE SERVICE

REGISTRATION FORM

NAME OF COMPANY:

ADDRESS OF COMPANY:

MAIN BUSINESS:

TELEPHONE NUMBER:

WEBSITE ADDRESS:

PRINCIPAL CONTACT PERSON:

ROLE JOB TITLE:

TEL. NO:

E MAIL ADDRESS:

NO. OF STAFF RESIDENT IN OGUN STATE:

EXPATRIATES:

LOCAL STAFF:

DESIGNATED BANK:

DOCUMENTS REQUIRED

1. MEMORANDUM AND ARTICLES OF ASSOCIATION
2. CERTIFIED TRUE COPY OF CERTIFICATE OF INCORPORATION/OR REGISTRATION
3. CERTIFIED TRUE COPY OF:
 - FORM CO7 PARTICULARS OF DIRECTORS
 - FORM CO2 ALLOTMENT OF SHARES
4. LIST OF STAFF SHOWING REMUNERATION OF STAFF