



CORPORATE AFFAIRS
COMMISSION



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Annual Returns Dashboard / Requirement / Annual Returns - Form

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Business Name Details

Business Name *

Registration Number *

General Nature Of Business

Principal Business Activity - Classification 1 *

Principal Business Activity - Classification 2 *

Principal Activity Description

Principal Activity Description *

Principal Place Of Business

State *

LGA *

City/Town/Village *

Post Code

House Number/Building Name *

Street Name *

Branch Address (if any)

Branch state

Branch LGA

Branch City

Branch House Number / Description:

Branch Post Code

Branch Street Name

+ Add Branch

BRANCH ADDRESSES	ACTION
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Particulars of Proprietor / Partners

Proprietor/Partners(s) Type *

Personal Details

Surname ***First Name *****Other Name****Date of Birth *****Gender *****Nationality *****Former Name (if any)****Former Nationality (if any)**

Contact Details

Phone Number ***Email *****Occupation ***

Service Address

State ***LGA *****Post Code****City/Town/Village *****House Number/Building Name *****Street Name ***

Residential Address

Country**State****LGA****City/Town/Village****Post Code****House Number/Building Name****Street Name**

Means of Identification

Type *

Number *

+ Add Partner(s)

PROPRIETOR / PARTNER(S)

S/N	NAME	TELEPHONE	EMAIL	TYPE	ACTION
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YEARS FILED

S/N	YEARS	STATUS
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YEARS NOT FILED

S/N	YEARS	STATUS
1	2020	NOT FILED FOR
2	2021	NOT FILED FOR
3	2022	NOT FILED FOR

Annual Return Details

Annual Return For The Year Ended *

Financial Year Start *

Financial Year End / Accounting Year

End *

TURN OVER (NAIRA) *

NET ASSETS (NAIRA) *

Authentication

This form is authorised by a proprietor, partner or any authorised person.

Name *

Description *

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Save & Continue >



