

Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.

FORM 110



THE COMPANIES ACT NO. 5 OF 2009

CORPORATE AFFAIRS COMMISSION



STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

COMPANY NAME	
Company Number	
Registered Address	
Telephone No.	
Email	

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL AMOUNT OF SHARES COMPRISED IN THE ALLOTMENT IS:

Amount in words

Divided into of Le each

B. RETURN OF ALLOTMENT OF SHARES

Number of shares allotted payable in cash:

Amount paid or due and payable on each share:

Number of shares allotted for consideration other than cash:

(Submit copy of contract in writing relating to the allotment including particulars of the valuation of the consideration)

Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.

NAME AND ADDRESS OF ALLOTEES				No. of shares Allotted and amount payable or due on each share
Name				
Address				
Tel No				
P.O.Box		Email		

Name					
Address					
Tel No					
P.O.Box		Email			

Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.

Name					
Address					
Tel No					
P.O.Box		Email			

Name					
Address					
Tel No					
P.O.Box		Email			

Name					
Address					
Tel No					
P.O.Box		Email			

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DETAILS

1st Director

2nd Director/ Secretary

Name of Director		
Telephone No		
Address		
Signature		
Email		

Submitted / Filed

DAY		MONTH		YEAR	
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Applicable fees shall/has been paid by : Mobile Money Bank Transfer

Date this day of 20

PRESENTER DETAILS

Name of presenter	
Telephone No:	
Address	
Email	