



IMO STATE INVESTMENT PROMOTION AGENCY

BUSINESS REGISTRATION FORM

Full Name:	Gender: M 📗 F 🗌
Home Address:	Gender: M 📗 F 📗
Phone:	Email Address
Designation:	
BUSINESS INFORMATION	
Date of Application	Business/Company
Address	
	A
	Mobile:
Incorporation (RC) Number	Website
TYPE OF BUSINESS	
Sole Proprietorship	Partnership Limited Liability Others
Briefly describe your business activ	vities
application are true and comp	ments and information furnished by me on this plete to the best of my knowledge Date: Time of Submission:
	<u> </u>
Designation of signatory	
FOR OFFICIAL USE ONLY	
Registration Number:	Time of Receipt:
Checklist:. Duly completed Registration	Evidence of Incorporation Forms CO2 and CO7 (CAC 1.1)
	Authority (Where applicable) Payment
Objective Page of Memorandum	n & Articles of Association
Ocuments checked/verified by:	
ignature	Date:
APPROVED	NOT APPROVED
Name:	Designation:
Signature	Date
N/B: Every information provided in this form shall	ll be treated with utmost confidentiality

ISIPA FORM 1

