

# FEDERAL REPUBLIC OF NIGERIA



## OIL & GAS FREE ZONES AUTHORITY

OIL AND GAS EXPORT FREE ZONE ACT (1996 No. 8) CAP 05 LFN, 2010

### PARTICULARS OF DIRECTORS OF THE FREE ZONE ENTERPRISE

Enterprise Name:

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#### DIRECTORS INFORMATION:

1.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:	Country:		
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

2.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:	Country:		
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

**OGFZA. FORM. A2**

3.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY				

4.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY				

5.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY				

**OGFZA. FORM. A2**

6.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

7.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

8.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

**OGFZA. FORM. A2**

9.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

10.

Surname:		Other Names:		AFFIX PASSPORT PHOTOGRAPH HERE
Former name:		Nationality:	Date of Birth:	
Residential address:				
Town/City:	State:		Country:	
I consent to be a director of this company:				
Signature: _____				
Date: DD/MM/YY _____				

Presented for filing by:-	
Name:	
Address:	
Telephone:	e-mail:
Date:	Signature: