

FORM 317

THE COMPANIES ACT NO. 5 OF 2009



CORPORATE AFFAIRS COMMISSION
**ANNUAL RETURN FOR A COMPANY HAVING SHARES OTHER
THAN A SMALL COMPANY**



(This forms hereby amends the form set out in schedule 6 of the Companies Act 2009)

COMPANY NAME	
Company Number	
Registered Address	
NASSIT NO	
TIN NO	
No. of Employees	
Telephone No.	
Email	

ANNUAL RETURN

Made up to the day of (being the twenty eight day after the date of the general meeting for the year

1. Address where Register of Members & Debenture Holders is kept if different from above

2. Particulars of past and present members of the company since the last return was filed.

Surname:	
Others Name:	

Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email
Business occupation					
Number of Shares held at date of return					
Particulars of shares transferred since date of last return listing persons who are still members and persons who have ceased to be members					

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email

Business occupation	
Number of Shares held at date of return	
Particulars of shares transferred since date of last return listing persons who are still members and persons who have ceased to be members	

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email
Business occupation					
Number of Shares held at date of return					

Particulars of shares transferred since date of last return listing persons who are still members and persons who have ceased to be members	
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Use additional sheet if required

3) Particulars of Directors of the Company as at date of return

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email
Business occupation and Particulars of other Directorships					

Surname:	
Others Name:	

Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email
Business occupation and Particulars of other Directorships					

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address(in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email
Business occupation and Particulars of other Directorships					

4. Authorized share capital divided into shares of Le each

a)Number of shares of each class

Number	Class	Shares
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taken up to the date
of the return

b) Number of shares of each
class issued as partly paid up

C) Amount of discount on the
issued share which has not
been written off

5. Issued share capital Fully Paid Up Partly Paid Up
6. In Cash Other than Cash
7. Total amount called up on shares
8. Total amount received on calls
9. Total amount of calls unpaid
10. Total amount paid as commission for shares or debentures
11. Total numbers of shares forfeited
12. Total amount of shares for which share warrants are outstanding
13. Total amount of indebtedness in respect of the mortgage and charges required to be registered with the commission
14. Staff hired for the reporting year
15. Number of staff terminated or retired
16. Total amount paid on termination or retirement package
17. Details of the Secretary

Name (Incase of an individual, the present, the forenames	Any former forenames or surnames	Usual residential address but in case of a corporation the
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and surname and in this case of a corporation the corporation name		registered address

We certify that the Company has not since the date of incorporation/ the last annual return issued any invitation to the public to subscribe for any of its shares/ debentures.

Signature of Director

Name of Director & Tel. No.

Signature of Direc/Secretary

Name of Direc/ Secretary & Tel. No.

Note:

- i. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- ii. This return should be accompanied by Audited Account of Company for the year in which the return is made.

PRESENTER DETAILS

Name of presenter	
Telephone No:	
Address	
Email	