

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2020               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2020               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2019 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |                  |                       |
|----------------------------|--|------------------|-----------------------|
| Local Government*          |  | PORT HARCOURT    |                       |
| Surname                    |  | KALU             |                       |
| Forename(s)                |  | NDUKWE           |                       |
| Nationality                | NIGERIAN   | Date of birth    | 07/07/1949            |
| Gender                     | MALE   | Telephone number | 08035446111           |
| Identity Number            | 5131453661   | Identity Type    | NATIONAL ID CARD      |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | RETIRED CIVIL SERVANT |
| <b>Residential Address</b> |  |                  |                       |
| Number/Building Name*      |  | 52               |                       |
| Street*                    |  | SEASIDE ROAD,    |                       |
| City/Town/Village*         |  | OYIGBO           |                       |
| Local Government*          |  | PORT HARCOURT    |                       |
| Postal code                |  |                  |                       |
| State*                     |  | RIVERS           |                       |
| <b>Service Address</b>     |  |                  |                       |
| Number/Building Name*      |  | 52               |                       |
| Street*                    |  | SEASIDE ROAD,    |                       |
| City/Town/Village*         |  | OYIGBO           |                       |
| Local Government*          |  | PORT HARCOURT    |                       |
| Postal code                |  |                  |                       |
| State*                     |  | RIVERS           |                       |
| Surname                    |  | MRS. IJEOMA      |                       |
| Forename(s)                |  | OGUNLEYE         |                       |
| Nationality                | NIGERIAN   | Date of birth    | 3-8-1970              |
| Gender                     | FEMALE   | Telephone number | 08035446111           |
| Identity Number            | 216512415411   | Identity Type    | NATIONAL ID CARD      |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS              |
| <b>Residential Address</b> |  |                  |                       |
| Number/Building Name*      |  | FLAT 10          |                       |
| Street*                    |  | UNCLE JOE ESTATE |                       |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                       |
| Local Government*          |  | OYIGBO           |                       |
| Postal code                |  |                  |                       |
| State*                     |  | RIVERS           |                       |
| <b>Service Address</b>     |  |                  |                       |
| Number/Building Name*      |  | 52               |                       |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |  |             |
|--|--|--|-------------|
| Other name(s)  | <b>MERCY</b>   | Position held  | CHAIRMAN    |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 52   |  |             |
| Street*  | SEASIDE ROAD,  |  |             |
| City/Town/Village*   | OYIGBO   |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | foundation@gmail.com   | Phone number   | 08035446111 |
| Surname  | SARO-LAKA  |  |             |
| Other name(s)  | DOMINICS BARIKA  | Position held  | SECRETARY   |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 2  |  |             |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |  |             |
| City/Town/Village*   | PORT HARCOURT  |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number   | 08037238470 |
| <b>6. Certification</b>  |  |  |             |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |  |             |
| <b>7. Authentication</b>   |  |  |             |
| Name   | <b>GANI MERCY</b>  | This form is authorised by a trustee, secretary or any authorised person of the association. |             |
| Description  | <b>CHAIRMAN</b>  |  |             |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 1) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2019               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2019               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2018 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |



|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRE CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                              |  |
|------------------------|------------------------------|--|
| <b>Service Address</b> |                              |  |
| Number/Building Name*  | 11                           |  |
| Street*                | EH I LANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                       |  |
| Local Government*      | PORT HARCOURT                |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

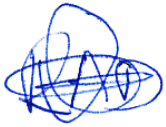
|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 3) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 4) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2018               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2018               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2017 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |



|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRED CIVIL SERVANT  |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

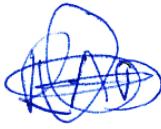
|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |  |             |
|--|--|--|-------------|
| Other name(s)  | MERCY  | Position held  | CHAIRMAN    |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 52   |  |             |
| Street*  | SEASIDE ROAD,  |  |             |
| City/Town/Village*   | OYIGBO   |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | foundation@gmail.com   | Phone number   | 08035446111 |
| Surname  | SARO-LAKA  |  |             |
| Other name(s)  | DOMINICS BARIKA  | Position held  | SECRETARY   |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 2  |  |             |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |  |             |
| City/Town/Village*   | PORT HARCOURT  |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number   | 08037238470 |
| <b>6. Certification</b>  |  |  |             |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |  |             |
| <b>7. Authentication</b>   |  |  |             |
| Name   | GANI MERCY   | This form is authorised by a trustee, secretary or any authorised person of the association. |             |
| Description  | CHAIRMAN   |  |             |

**Note:**

4. 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.
5. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
6. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 5) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 6) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2017               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2017               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2016 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIREED CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |



|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |  |             |
|--|--|--|-------------|
| Other name(s)  | MERCY  | Position held  | CHAIRMAN    |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 52   |  |             |
| Street*  | SEASIDE ROAD,  |  |             |
| City/Town/Village*   | OYIGBO   |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | foundation@gmail.com   | Phone number   | 08035446111 |
| Surname  | SARO-LAKA  |  |             |
| Other name(s)  | DOMINICS BARIKA  | Position held  | SECRETARY   |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 2  |  |             |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |  |             |
| City/Town/Village*   | PORT HARCOURT  |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number   | 08037238470 |
| <b>6. Certification</b>  |  |  |             |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |  |             |
| <b>7. Authentication</b>   |  |  |             |
| Name   | GANI MERCY   | This form is authorised by a trustee, secretary or any authorised person of the association. |             |
| Description  | CHAIRMAN   |  |             |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 7) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 8) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2016               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2016               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2015 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRE CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |



|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

4. 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.
5. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
6. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 9) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 10) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2015               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2015               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2014 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRE CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

|         |      |
|---------|------|
| Surname | GANI |
|---------|------|




|  |  |  |             |
|--|--|--|-------------|
| Other name(s)  | MERCY  | Position held  | CHAIRMAN    |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 52   |  |             |
| Street*  | SEASIDE ROAD,  |  |             |
| City/Town/Village*   | OYIGBO   |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | foundation@gmail.com   | Phone number   | 08035446111 |
| Surname  | SARO-LAKA  |  |             |
| Other name(s)  | DOMINICS BARIKA  | Position held  | SECRETARY   |
| <b>Service Address</b>   |  |  |             |
| Number/Building Name*  | 2  |  |             |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |  |             |
| City/Town/Village*   | PORT HARCOURT  |  |             |
| Local Government*  | PORT HARCOURT  |  |             |
| Postal code  |  |  |             |
| State*   | RIVERS   |  |             |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number   | 08037238470 |
| <b>6. Certification</b>  |  |  |             |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |  |             |
| <b>7. Authentication</b>   |  |  |             |
| Name   | GANI MERCY   | This form is authorised by a trustee, secretary or any authorised person of the association. |             |
| Description  | CHAIRMAN   |  |             |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 11) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 12) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2014               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2014               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2013 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRED CIVIL SERVANT  |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

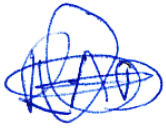
|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.



**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 13) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 14) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2013               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2013               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2012 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRE CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 15) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 16) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.



## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2012               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2012               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2011 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRED CIVIL SERVANT  |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 1) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2011               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2011               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2010 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |



|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIRE CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

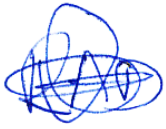
|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 3) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 4) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2010               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2010               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2009 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |



|                            |  |  |                  |
|----------------------------|--|--|------------------|
| Local Government*          |  | PORT HARCOURT  |                  |
| Surname                    |  | KALU   |                  |
| Forename(s)                |  | NDUKWE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | MALE   | 07/07/1949       |
| Identity Number            |  | 5131453661   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | RETIREED CIVIL SERVANT   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |
| Street*                    |  | SEASIDE ROAD,  |                  |
| City/Town/Village*         |  | OYIGBO   |                  |
| Local Government*          |  | PORT HARCOURT  |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| Surname                    |  | MRS. IJEOMA  |                  |
| Forename(s)                |  | OGUNLEYE   |                  |
| Nationality                |  | NIGERIAN   | Date of birth    |
| Gender                     |  | FEMALE   | 3-8-1970         |
| Identity Number            |  | 216512415411   | Telephone number |
| Email                      |  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | 08035446111      |
| Occupation                 |  | BUSINESS   |                  |
| <b>Residential Address</b> |  |  |                  |
| Number/Building Name*      |  | FLAT 10  |                  |
| Street*                    |  | UNCLE JOE ESTATE   |                  |
| City/Town/Village*         |  | IRIEBE VILLAGE   |                  |
| Local Government*          |  | OYIGBO   |                  |
| Postal code                |  |  |                  |
| State*                     |  | RIVERS   |                  |
| <b>Service Address</b>     |  |  |                  |
| Number/Building Name*      |  | 52   |                  |

|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                              |  |
|------------------------|------------------------------|--|
| <b>Service Address</b> |                              |  |
| Number/Building Name*  | 11                           |  |
| Street*                | EH I LANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                       |  |
| Local Government*      | PORT HARCOURT                |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**


|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | CHAIRMAN   |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 1) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

# CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN



**✓ What this form is for**  
You may use this form to file Annual Return of Incorporated Trustees

**✗ What this form is NOT for**  
You cannot use this form to file merger for Associations

**For further information**  
please refer to our guidance at [www.cac.gov.ng](http://www.cac.gov.ng)

| <b>1. Incorporated Trustees details</b>    |  |                    |                               |
|--|--|--------------------|-------------------------------|
| Name of Association                        | <b>SOLACE PLACE FOUNDATION INTERNATIONAL</b> |                    |                               |
| Registration number                        | 27538  |                    |                               |
| Classification                             | INCORPORATED TRUSTEE                         |                    |                               |
| <b>2. Registered Office Address</b>        |  |                    |                               |
| Number/building name                       | 77,  |                    |                               |
| Street                                     | LOCATION ROAD,                               |                    |                               |
| City/Town/village                          | OYIGBO                                       |                    |                               |
| Local Government                           | PORT HARCOURT                                |                    |                               |
| Postcode                                   |  |                    |                               |
| State                                      | RIVERS STATE                                 |                    |                               |
| <b>3. Annual return details</b>            |  |                    |                               |
| Year of Return                             | 31 <sup>ST</sup> DECEMBER 2009               |                    |                               |
| Financial Year Start                       | 31 <sup>ST</sup> DECEMBER 2009               | Financial Year End | 1 <sup>ST</sup> NOVEMBER 2008 |
| Gross assets ₦                             | NIL  | Net assets ₦       | NIL                           |
| Sources of income in the year              | MEMBERS CONTRIBUTION                         |                    |                               |
| Bankers                                    | NIL  |                    |                               |
| Bank and balances as at financial year end | NIL  |                    |                               |
| Trustees benefits during the year          | INTEREST OF MEMBERS WERE PROMOTED            |                    |                               |
| <b>3. Trustee details</b>                  |  |                    |                               |
| Surname                                    | <b>GANI</b>                                  |                    |                               |
| Forename(s)                                | <b>MERCY</b>                                 |                    |                               |
| Nationality                                | NIGERIAN                                     | Date of birth      | 20/04/87                      |
| Gender                                     | FEMALE                                       | Telephone number   | 08035446111                   |

|                            |  |                  |                   |
|----------------------------|--|------------------|-------------------|
| Identity Number            | A27020199  | Identity Type    | PERM. VOTERS CARD |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS          |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 52   |                  |                   |
| Street*                    | SEASIDE ROAD,  |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| Surname                    | <b>IHEDIWA</b>   |                  |                   |
| Forename(s)                | <b>CALISTA</b>   |                  |                   |
| Nationality                | NIGERIA  | Date of birth    |                   |
| Gender                     | FEMALE   | Telephone number | 08033095680       |
| Identity Number            | 08857037196  | Identity Type    | NATIONAL ID CARD  |
| Email                      | Ladycataloue85@gmail.com                                       | Occupation       | FARMING           |
| <b>Residential Address</b> |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |
| Local Government*          | PORT HARCOURT  |                  |                   |
| Postal code                |  |                  |                   |
| State*                     | RIVERS   |                  |                   |
| <b>Service Address</b>     |  |                  |                   |
| Number/Building Name*      | 20   |                  |                   |
| Street*                    | FAITH AVENUE   |                  |                   |
| City/Town/Village*         | OYIGBO   |                  |                   |

|                            |  |                  |                       |
|----------------------------|--|------------------|-----------------------|
| Local Government*          | PORT HARCOURT  |                  |                       |
| Surname                    | KALU   |                  |                       |
| Forename(s)                | NDUKWE   |                  |                       |
| Nationality                | NIGERIAN   | Date of birth    | 07/07/1949            |
| Gender                     | MALE   | Telephone number | 08035446111           |
| Identity Number            | 5131453661   | Identity Type    | NATIONAL ID CARD      |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | RETIRED CIVIL SERVANT |
| <b>Residential Address</b> |  |                  |                       |
| Number/Building Name*      | 52   |                  |                       |
| Street*                    | SEASIDE ROAD,  |                  |                       |
| City/Town/Village*         | OYIGBO   |                  |                       |
| Local Government*          | PORT HARCOURT  |                  |                       |
| Postal code                |  |                  |                       |
| State*                     | RIVERS   |                  |                       |
| <b>Service Address</b>     |  |                  |                       |
| Number/Building Name*      | 52   |                  |                       |
| Street*                    | SEASIDE ROAD,  |                  |                       |
| City/Town/Village*         | OYIGBO   |                  |                       |
| Local Government*          | PORT HARCOURT  |                  |                       |
| Postal code                |  |                  |                       |
| State*                     | RIVERS   |                  |                       |
| Surname                    | MRS. IJEOMA  |                  |                       |
| Forename(s)                | OGUNLEYE   |                  |                       |
| Nationality                | NIGERIAN   | Date of birth    | 3-8-1970              |
| Gender                     | FEMALE   | Telephone number | 08035446111           |
| Identity Number            | 216512415411   | Identity Type    | NATIONAL ID CARD      |
| Email                      | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS              |
| <b>Residential Address</b> |  |                  |                       |
| Number/Building Name*      | FLAT 10  |                  |                       |
| Street*                    | UNCLE JOE ESTATE   |                  |                       |
| City/Town/Village*         | IRIEBE VILLAGE   |                  |                       |
| Local Government*          | OYIGBO   |                  |                       |
| Postal code                |  |                  |                       |
| State*                     | RIVERS   |                  |                       |
| <b>Service Address</b>     |  |                  |                       |
| Number/Building Name*      | 52   |                  |                       |



|                    |               |  |
|--------------------|---------------|--|
| Street*            | SEASIDE ROAD, |  |
| City/Town/Village* | OYIGBO        |  |
| Local Government*  | PORT HARCOURT |  |
| Postal code        |               |  |
| State*             | RIVERS        |  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>LAKA</b>  |                  |                  |
| Forename(s)     | <b>DOMINICS</b>  |                  |                  |
| Nationality     | NIGERIAN   | Date of birth    | 20/04/1967       |
| Gender          | MALE   | Telephone number | 08037238470      |
| Identity Number | 53595366056  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Occupation       | BUSINESS         |

#### Residential Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

#### Service Address

|                       |   |
|-----------------------|---|
| Number/Building Name* | 2   |
| Street*               | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION |
| City/Town/Village*    | PORT HARCOURT   |
| Local Government*     | PORT HARCOURT   |
| Postal code           |   |
| State*                | RIVERS  |

|                 |  |                  |                  |
|-----------------|--|------------------|------------------|
| Surname         | <b>PASTOR NOBLE</b>  |                  |                  |
| Forename(s)     | <b>AMBASSADOR CHIDY</b>  |                  |                  |
| Nationality     | NIGERIA  | Date of birth    | 31-12-1968       |
| Gender          | MALE   | Telephone number | 08033095680      |
| Identity Number | 08857037196  | Identity Type    | NATIONAL ID CARD |
| Email           | <a href="mailto:pastornoble@yahoo.com">pastornoble@yahoo.com</a> | Occupation       | FARMING          |

#### Residential Address

|                       |                             |
|-----------------------|-----------------------------|
| Number/Building Name* | 11                          |
| Street*               | EHI LANE, OFF LOCATION ROAD |

|                    |               |
|--------------------|---------------|
| City/Town/Village* | OYIGBO        |
| Local Government*  | PORT HARCOURT |
| Postal code        |               |
| State*             | RIVERS        |

|                        |                            |  |
|------------------------|----------------------------|--|
| <b>Service Address</b> |                            |  |
| Number/Building Name*  | 11                         |  |
| Street*                | EHILANE, OFF LOCATION ROAD |  |
| City/Town/Village*     | OYIGBO                     |  |
| Local Government*      | PORT HARCOURT              |  |

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Surname         |  |                  |  |
| Forename(s)     |  |                  |  |
| Nationality     |  | Date of birth    |  |
| Gender          |  | Telephone number |  |
| Identity Number |  | Identity Type    |  |
| Email           |  | Occupation       |  |

|                            |  |  |
|----------------------------|--|--|
| <b>Residential Address</b> |  |  |
| Number/Building Name*      |  |  |
| Street*                    |  |  |
| City/Town/Village*         |  |  |
| Local Government*          |  |  |
| Postal code                |  |  |
| State*                     |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Service Address</b> |  |  |
| Number/Building Name*  |  |  |
| Street*                |  |  |
| City/Town/Village*     |  |  |
| Local Government*      |  |  |
| Postal code            |  |  |
| State*                 |  |  |

|             |  |  |
|-------------|--|--|
| Postal code |  |  |
| State*      |  |  |

**5. Particulars of governing council (executives)**

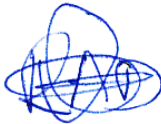
|         |      |
|---------|------|
| Surname | GANI |
|---------|------|

|  |  |               |  |
|--|--|---------------|--|
| Other name(s)  | MERCY  | Position held | CHAIRMAN   |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 52   |               |  |
| Street*  | SEASIDE ROAD,  |               |  |
| City/Town/Village*   | OYIGBO   |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | foundation@gmail.com   | Phone number  | 08035446111  |
| Surname  | SARO-LAKA  |               |  |
| Other name(s)  | DOMINICS BARIKA  | Position held | SECRETARY  |
| <b>Service Address</b>   |  |               |  |
| Number/Building Name*  | 2  |               |  |
| Street*  | AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION          |               |  |
| City/Town/Village*   | PORT HARCOURT  |               |  |
| Local Government*  | PORT HARCOURT  |               |  |
| Postal code  |  |               |  |
| State*   | RIVERS   |               |  |
| Email  | <a href="mailto:foundation@gmail.com">foundation@gmail.com</a> | Phone number  | 08037238470  |
| <b>6. Certification</b>  |  |               |  |
| We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees |  |               |  |
| <b>7. Authentication</b>   |  |               |  |
| Name   | GANI MERCY   |               | This form is authorised by a trustee, secretary or any authorised person of the association. |
| Description  | TRUSTEE  |               |  |

**Note:**

1. 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.
2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.
3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

**Presented for filing by:**

|              |   |   |                               |
|--------------|---|---|-------------------------------|
| Name         | AMNA DUNGUS ROSE  |   |                               |
| Address      | Number /Building name:  | NO. 9,                                  |                               |
|              | Street  | JERE STREET, GARKI II,                  |                               |
|              | City  | ABUJA                                   |                               |
|              | Local Government (where applicable)   | AMAC                                    |                               |
|              | State   | FCT                                     |                               |
|              | Country   | NIGERIA                                 |                               |
| Phone Number | 08037044683   |   |                               |
| Email        | <a href="mailto:dungurose@yahoo.com">dungurose@yahoo.com</a>                      | Accreditation Number (where applicable) | NBA/IND/28129                 |
|              |  | Date                                    | 09 <sup>TH</sup> AUGUST, 2021 |

**NOTE:**

Companies and Allied Matters Act, 2020 Section 862.

- 1) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
  - (a) on conviction to imprisonment for a term of two years; and
  - (b) in the case of a company, to fine as the Court deems fit for every day the default continues.
- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

## CORPORATE AFFAIRS COMMISSION(CAC) - 022202600100

**Payment Receipt**

Generated On 09/08/2021



Remita Retrieval Reference (RRR)

**2605-2705-8936**

## PAYER INFORMATION

|              |                      |
|--------------|----------------------|
| NAME         | ROSE DUNGUS          |
| EMAIL        | DUNGUSROSE@YAHOO.COM |
| PHONE NUMBER | +234 8037044683      |

## PAYMENT DETAILS

| PAYMENT DATE | PAYMENT REF  | SERVICE DESCRIPTION                 | AMOUNT (NGN) | CHARGES (NGN) | VAT ON CHARGES (NGN) | TOTAL (NGN) |
|--------------|--------------|-------------------------------------|--------------|---------------|----------------------|-------------|
| 09/08/2021   | 260527058936 | ANNUAL RETURNS INCORPORATED TRUSTEE | 120,000.00   | 750.00        | 56.25                | 120,806.25  |
|              |              | TOTAL PAID                          | 120,000.00   | 750.00        | 56.25                | 120,806.25  |
|              |              | TOTAL AMOUNT                        |              |               |                      | 120,806.25  |
|              |              | <b>BALANCE DUE</b>                  |              |               |                      | <b>0.00</b> |

## BILLER REQUIRED INFORMATION

|                   |   |
|-------------------|---|
| ITEM              | DESCRIPTION   |
| Description       | Filing of annual Returns from 2009-2020               |
| State             | 000 - Abuja H/Q                                       |
| Name Of Principal | SOLACE PLACE FOUNDATION INTERNATIONAL CAC/IT/NO.27538 |

## PAYMENT CHANNEL INFORMATION

|                 |                 |                   |             |
|-----------------|-----------------|-------------------|-------------|
| PAYMENT CHANNEL | MASKED CARD PAN | AUTHORIZATION REF | CARD SCHEME |
| Card Payment    |                 | 8092621411 -      |             |

# CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



## APPLICATION FOR CERTIFIED TRUE COPY OF CERTIFICATE CAC/CTC-001

Registration No.

27538

Entity Name

SOLACE PLACE FOUNDATION INTERNATIONAL

### SECTION A – Details of Application

| Description of CTC  | Number of Copies | Other Details (If Any) |
|---|------------------|------------------------|
| APPLICATION FOR FILING OF INCORPORATED TRUSTEE ANNUAL RETURNS FROM 2009 TO 2020 | 1                |                        |

### SECTION B – Details of Applicant's Delivery Address

|                             |  |             |         |
|-----------------------------|--|-------------|---------|
| Date of Application         | 9 <sup>TH</sup> AUGUST, 2021                                   | Entity Type | Company |
| Presenter's Name            | AMNA DUNGUS ROSE ESQ   |             |         |
| Accreditation No.: (if any) | NBA/IND/32644  |             |         |
| Mobile Number:              | 08037044683  |             |         |
| Email Address:              | <a href="mailto:dungusrose@yahoo.com">dungusrose@yahoo.com</a> |             |         |
| Courier Company             | GWX  |             |         |
| Delivery Address:           | PICK UP  |             |         |

#### Note:

- i. Attach payment receipt.
- ii. Attach all relevant document(s) applicable.
- iii. Select Courier Company.
- iv. Delivery address must be easily traceable.
- v. Delivery is at customer's expense.
- vi. Customers are advised to refer to Operations Checklists and Forms.
- vii. Mail the completed form and other relevant document(s) to [toctc@cac.gov.ng](mailto:toctc@cac.gov.ng).