



# COMPUTER PROFESSIONALS (REGISTRATION COUNCIL) OF NIGERIA

(Established by Decree No. 49 of 1993)

Plot 1321, Adesoji Aderemi Street,  
Gudu District, Cadastral Zone B1, Abuja.

Tel: 234-(0)8033262079, 08033022572

Website: <http://www.cpn.gov.ng>, E-mail: [info@cpn.gov.ng](mailto:info@cpn.gov.ng)

For Office Use Only

Date Received: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Structured Training: \_\_\_\_\_

## APPLICATION FOR CORPORATE REGISTRATION

ON-LINE FORM

### CORPORATE HISTORY FORM

Please use BLOCK CAPITALS and complete in black, as this will assist when the form is photocopied.

Name of Company: SKY INNOVATIVE CONSULT LTD

Date of Incorporation: 17-12-2023 Certificate Registration No: RC-7270410 (Attach Photocopy)

Contact Phone No.: 09066468046 Contact E-Mail: SKYINNOVATIVECONSULT@Gmail.Com

Please give your current NCS membership number (if any) \_\_\_\_\_ and grade \_\_\_\_\_

Company Type:	<input type="checkbox"/>	Public Liability	<input checked="" type="checkbox"/>	Limited Liability
	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Joint Venture

Bankers: _____ _____ _____	Bankers: _____ _____ _____
----------------------------------	----------------------------------

Membership of Other Professional Bodies			
Professional Body	Grade of Membership	Date Admitted	Member Reference Number
Key Officials of Company			

## C

1.

a)

(Name of Corporate Applicant)

form are to the best of its knowledge and belief, correct, and that it fully understands the provision of Decree 49 of 1993 under which considerations to be given to its application for registration.

b)

For ABDULWAH ABUBAKAR

(Name of Corporate Applicant)

Signature of Chief Executive Officer:

Date \_\_\_\_\_

Name in full: ABDULLAH ABUBAKAR

Position: MAA ~~MA~~ MAA Council Director



2.

I \_\_\_\_\_ hereby declare that all the information given in this form in respect of \_\_\_\_\_ are to the best of my knowledge, correct.

(Name of Corporate Applicant)

Signature of Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

## C

<b>Proposers Endorsement</b>	
<b>Proposer 1</b>	<b>Proposer 2</b>
Surname:	Surname:
Other Names:	Other Names:
Address:	Address:
Registration No.	Registration No.
Current Licence No.	Current Licence No.
I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria	I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria
Signature & Date: .....	Signature & Date: .....



Status/Position	Full Name	Contact (E-Mail/Mobile No.)
Chairman:	ABDULLAH ABUBAKAR	08065900147
Managing Director:	UMAR BELLO	08105066221
Secretary:	ABDULLAH IBRAHIM	09066468046

8. MAIN LINE OF BUSINESS: 08065900147

9. NO OF SITES FOR REGISTRATION: \_\_\_\_\_

10. LOCATION OF SITES

NO	SITE NAME	ADDRESS
	SKY INNOVATIVE CONSULTING LTD	NO 14 SAGE AVENUE WATER TUGUE WADA CUSTOD. ZAMFARA STATE

11. PREVIOUS APPLICATION NO. DATE: \_\_\_\_\_

12. CONVICTION FOR OFFENCE INVOLVING FRAUD AND DISHONESTY

YES NO

Please indicate the area of activity in Computing/Data Processing and Information System in which you are involved:					
<input type="checkbox"/>	Policy Management (core)	<input checked="" type="checkbox"/>	Research (core)	<input checked="" type="checkbox"/>	Education and Teaching
<input checked="" type="checkbox"/>	System Development (core)	<input checked="" type="checkbox"/>	General Consultancy	<input checked="" type="checkbox"/>	Schools and Teaching
<input type="checkbox"/>	Delivery (core)	<input type="checkbox"/>	Hybrid Management	<input type="checkbox"/>	Audit
<input type="checkbox"/>	Technical Specification (core)	<input checked="" type="checkbox"/>	Procurement and Contracting	<input type="checkbox"/>	Technical Authorship
<input type="checkbox"/>	Quality Audit (core)	<input type="checkbox"/>	Sales and Marketing	<input type="checkbox"/>	Any Other (Please specify below)
<input checked="" type="checkbox"/>	Communications/Network				

If you work covers more than one activity, please double-tick the main area

Please Indicate the main business activity of your organization:

<input type="checkbox"/> Agriculture, hunting and forestry	<input type="checkbox"/> Real Estate, Renting and business activities
<input type="checkbox"/> Fishing	<input checked="" type="checkbox"/> Hardware Consultancy
<input type="checkbox"/> Mining and Quarrying (including oil and gas extraction)	<input checked="" type="checkbox"/> Software Consultancy
<input checked="" type="checkbox"/> Manufacturing of electrical and optical equipment including computers	<input checked="" type="checkbox"/> Data Processing
	<input checked="" type="checkbox"/> Maintenance and repair of office, accounting and computing machinery
<input type="checkbox"/> Electricity, gas and water supply	<input checked="" type="checkbox"/> Other Computer related activity
<input type="checkbox"/> Construction	
	<input type="checkbox"/> Other business activities (including legal, accounting and other professional services)
<input type="checkbox"/> Wholesale and retail trade	<input type="checkbox"/> Public Administration and defense
<input type="checkbox"/> Hotels and restaurants	<input type="checkbox"/> Higher education
<input type="checkbox"/> Transport, storage and communications (other than Post and Telecomms)	<input type="checkbox"/> Education (Others)
<input checked="" type="checkbox"/> Post and Telecommunications	<input type="checkbox"/> Health and Social work
	<input checked="" type="checkbox"/> Other community, social and personnel service activities

**B. DETAIL OF BOARD MEMBER OF CORPORATE APPLICANT REGISTERED BY THE COUNCIL**

1. SURNAME: \_\_\_\_\_
2. FIRST NAME: \_\_\_\_\_
3. OTHER NAMES \_\_\_\_\_  
(Where there are more computer Professionals, please supply the details in an extra sheet)
4. REGISTRATION NO.: \_\_\_\_\_
5. DATE OF REGISTRATIQN: \_\_\_\_\_
6. CURRENT LICENSE NO.: \_\_\_\_\_
7. DATE LICENSE ISSUED: \_\_\_\_\_

## **CORPORATE**

**Completed Application Forms should be returned to the CPN Centre of Excellence, Plot 1321, Adesoji Aderemi Street, Gudu District, Cadastral Zone B1, Abuja. with the under listed**

**Tel: 234-(0)8033262079, 08033022572**

- i. Photocopy of Certificate of Incorporation/Business Registration**
- ii. Photocopy of Form CO2 or Form CO7**
- iii. Memorandum and Articles of Association**
- iv. Company Profile**
- v. Signature & Stamp of the Executive Officer**
- vi. Photocopy of the Form Purchase Receipt**
- vii. The form must be fully endorsed by two financial (current) CPN members  
(Not Associate)**
- viii. Evidence of Board Members registered by Council**
- ix. Evidence of Staff of the Company/Organization Registered by Council.**

---

1. COMMITTEE'S RECOMMENDATION

Provisional Registration

Full Registration

Rejected

Why Rejected

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*Committee Chairman*

\_\_\_\_\_

*Date*

2. COUNCIL'S DECISION

APPROVED/NOT APPROVED for registration this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_

*President*

\_\_\_\_\_

*Registrar*