



**GOVERNMENT OF CROSS RIVER STATE  
CROSS RIVER STATE MINISTRY OF COMMERCE**

**APPLICATION PROCESS AND GUIDELINES FOR  
PROCESSING REGISTRATION BUSINESS PREMISES**

In Accordance with the provisions of “Cross River State Law No 10 of 2017 “A Law for the collection of taxes and levies”, “Cross River State Registration of Business Premises Edict 1984” and “Cross River State Resolution No 66 of Wednesday, 12<sup>th</sup> April 2017, Pursuant to Section 6 Sub (1) and (2) of Cross River State Imposition of Fees and Charges Law No 5, year 2012”, all individuals and organizations seeking to open a Business must apply and obtain Business Permit”. The process for obtaining Business Permit is as follows:

1. Obtain and submit Business Permit Application form (same day if the information required are available) at the office of the Cross River State Ministry of Commerce using the physical address below:

**CROSS RIVER STATE MINISTRY OF  
COMMERCE** 2nd Floor, Professor Eyo Ita House No 48  
Ndidem Usang Iso Road  
Calabar  
Cross River State  
Nigeria

2. The following information is contained in the application form to be obtained:
  - (i) Registered Business Name from Corporate Affairs Commission
  - (ii) Tax Identification Number: applicant without Tax Identification Number can obtain such from Cross River State Internal Revenue Service (CRSIRS)
  - (iii) Brief proposal of your business with the following information:
    - Business Name
    - Valid Business Address
    - Branch Business Address
    - Date of Commencement of Business
    - Name and Address of Secretary, Manager/ Representative
    - Full Name and Address and National of each Director
    - Name of Employees: Male. Female and Foreigner if any
    - Authorized Share Capital
    - The Paid up share capital

3. Upon submission, a payment code is generated by Ministry of Commerce to facilitate payment. The fees are contained in Table 6.43, page 37, of the Cross River Approved Revised Revenue Code – 2020 via this link: <https://www.crirs.ng/2020/01/03/crs-approved-revised-revenue-code-2020/> or can also be obtained in the Ministry of Commerce.
4. Make payment to either Zenith Bank or First Bank within the State using the Revenue Code generated and obtain a print out of receipt
5. Present receipt to Trade Unit, Cross River State Ministry of Commerce
6. Successful applicants are notified via phone call or text messages of approval for collection or can visit the Ministry of Commerce within one week.
7. Successful applicant can visit Cross River State Ministry of Commerce to collect Business Premises Registration Permit

Timeframe:

The entire process takes one (1) week

For more information, enquiry or complaints please call 08023573845 or visit Director of Administration, Cross River State Ministry of Commerce, 2nd Floor, Professor Eyo Ita, No 48 Ndidem Usang Iso Road, Calabar, Cross River State

**Signed**

Commissioner

Cross River State Ministry of Commerce

**SCHEDULE 1**

**RENEWAL FORM**

**REGISTRATION OF BUSINESS PREMISES EDICT 1984  
BUSINESS PARTICULARS**

Particulars to be furnished to the registrar

- (1) The registered name of the Company/Firm/Business: \_\_\_\_\_  
\_\_\_\_\_
- (2) The Principal place of business in the State \_\_\_\_\_  
\_\_\_\_\_
- (3) The general nature of the business \_\_\_\_\_  
\_\_\_\_\_
- (4) Other places in the State where the business is being carried out, giving the full address of each business premises  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
\_\_\_\_\_
- (5) State your Registration of Business Premises Certificate number and date \_\_\_\_\_  
\_\_\_\_\_
- (6) The full name and address of the Director/Manager \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I/We hereby certify that the foregoing particulars are to the best of my/our knowledge, information and belief correct, and I/We undertake to notify the registrar whenever any change occurs in or affects any of these particulars.

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
Signature

SCHEDULE 1

Section 4

FORM 2

BUSINESS PARTICULARS  
(For use by firm Partnership)

Particulars required to be furnished to the Registrar

- 1. The registered business name of the firm .....
- 2. Its head office .....
- 3. The general nature of the business .....
- 4. The principal place of business in the State .....
- Other places in the State where the business is carried on, giving in each place full address mentioning specifically the street number, name of street or name of compound, name of town and local government area in the State.
  - (a) .....
  - (b) .....
  - (c) .....
  - (d) .....
  - (e) .....
  - (f) .....
- 5. Date of commencement of business in the State .....
- 6. The full names and address and nationality of each individual who is a partner.
  - (i) .....
  - (ii) .....
  - (iii) .....
- 7. In the case of companies or firms in partnership the registered name and the registration number of each company under the Companies Act 1968 and the Registration of Business Names Act 1961, should be given.
  - (i) .....
  - (ii) .....
  - (iii) .....
  - (iv) .....
- 8. No. of employees
  - Male .....
  - Female.....
  - Foreigners.....
- 9. Capital invested in the business .....

DECLARATION

I/We hereby certify that the following particulars are to the best of my/our knowledge, information and belief correct and I/We undertake to notify the Registrar whenever any change occurs in or affects any of these particulars

DATED at ..... this ..... day of ..... 19.....

.....}

.....}

.....}

.....}

.....}

Signature(s) of person(s) required to sign under Section 5.

If the space provided is not enough please use separate paper and attach to the Form

**SCHEDULE I**

Section 4

**FORM 3**

**REGISTRATION OF BUSINESS PREMISES EDICT 1984 BUSINESS PARTICULARS**  
*(For use by individuals)*

Particulars to be furnished to the Registrar

- 1. The name of the Business .....
- 2. Its registered office .....
- 3. The general nature of business .....
- 4. The principal place of business in the State .....
- 5. Other places in the State where the business is carried on, giving in each place full address mentioning specifically the street number, name of street or name of compound, name of town and local government area in the State.
  - (a) .....
  - (b) .....
  - (c) .....
- 6. No. of employees .....
- Male .....
- Female.....
- 7. Date of commencement of business in the State .....
- 8. Full names and address and nationality of the individual owning the business. ....
- 9. The registration number of the business name under the Registration of Business Name Act, 1961. ....
- 10. Capital invested in the business .....

**DECLARATION**

I hereby certify that the foregoing particulars are to the best of my knowledge, information and belief correct and I undertake to notify the Registrar whenever any change occurs in or affects any of these particulars.

DATED at ..... this .....day of ..... 20.....

.....  
*Signature of the Individual*

(8) The full names, address and nationality of each Director

(a) .....

(b) .....

(c) .....

(d) .....

(e) .....

Number of employees

Male .....

Female .....

Foreigners .....

(10) The authorised share capital .....

(11) The paid up share capital .....

**DECLARATION**

I/We hereby certify that the foregoing particulars are to the best of my/our knowledge, information and belief correct, and I/We undertake to notify the registrar whenever any change occurs in or affects any of these particulars.

DATED at ..... this ..... day of ..... 20.....

Signature(s) of person(s) required to sign under section 5.

If the space provided is not enough, please use a separate sheet of paper and attach to the form.